

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Women Speak Out PAC

ADDRESS (number and street) ▼

1200 New Hampshire Ave NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">1842.48</td></tr></table>	1842.48				
Y	Y	Y	Y	Y													
2014																	
1842.48																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">587572.71</td></tr></table>	587572.71															
587572.71																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">340708.87</td></tr></table>	340708.87					<table><tr><td colspan="5">2059379.2</td></tr></table>	2059379.2									
340708.87																	
2059379.2																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">928281.58</td></tr></table>	928281.58					<table><tr><td colspan="5">2061221.68</td></tr></table>	2061221.68									
928281.58																	
2061221.68																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">338710.36</td></tr></table>	338710.36					<table><tr><td colspan="5">1471650.46</td></tr></table>	1471650.46									
338710.36																	
1471650.46																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">589571.22</td></tr></table>	589571.22					<table><tr><td colspan="5">589571.22</td></tr></table>	589571.22									
589571.22																	
589571.22																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

332777.87

2032430.36

(ii) Unitemized .....

7931

26948.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

340708.87

2059379.2

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

340708.87

2059379.2

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

340708.87

2059379.2

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

340708.87

2059379.2

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	168416.7	816690.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	168416.7	816690.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	170293.66	654960.44
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	338710.36	1471650.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	338710.36	1471650.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	340708.87	2059379.2
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	340708.87	2059379.2
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	168416.7	816690.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	168416.7	816690.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 2129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. John Hasley**

Mailing Address 8029 South Bridge Way

City State Zip Code  
 Maumee OH 43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 18 / 2014

Transaction ID : 4A-BEE7-09B587A95B24

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Walter Seward**

Mailing Address 1919 Willowgreen Drive

City State Zip Code  
 Dayton OH 45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 29 / 2014

Transaction ID : 2C-9906-8FE3E464F10A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jonathan Rodney**

Mailing Address 7 Ethelridge Road

City State Zip Code  
 White Plains NY 10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ASML

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 15 / 2014

Transaction ID : D2-BD66-9A32B63F4864

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 2129

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial) <b>A. James Godchaux</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2014 <b>Transaction ID : 3F-AC9A-E6339F27676D</b>	
Mailing Address 112 Queen of Peace Drive		Amount of Each Receipt this Period 500.00	
City Lafayette	State LA	Zip Code 70508	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Landry Radiology	Occupation Healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) <b>B. Howard Ahmanson</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2014 <b>Transaction ID : 2D-8D69-790DEB689AB7</b>	
Mailing Address P.O. Box 19599		Amount of Each Receipt this Period 10000.00	
City Irvine	State CA	Zip Code 92623	
FEC ID number of contributing federal political committee. C			
Name of Employer Fieldstead & Co.	Occupation Founder / Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00		
Full Name (Last, First, Middle Initial) <b>C. Laurel Hall</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : 42-BA4C-B8C4925104A3</b>	
Mailing Address 4839 Hoyer Drive		Amount of Each Receipt this Period 100.00	
City Sarasota	State FL	Zip Code 34241	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation real estate investments		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		10600.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 2129

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Ken Rasch**

Mailing Address 1834 Johnson Avenue

City	State	Zip Code
Fort Dodge	IA	50501

FEC ID number of contributing federal political committee.

C

Name of Employer

Rasch Farms

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

Transaction ID : B5-98F4-268C29330938

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ken Rasch**

Mailing Address 1834 Johnson Avenue

City	State	Zip Code
Fort Dodge	IA	50501

FEC ID number of contributing federal political committee.

C

Name of Employer

Rasch Farms

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

Transaction ID : 3F-9FEE-D6FE0ABABE63

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Ken Rasch**

Mailing Address 1834 Johnson Avenue

City	State	Zip Code
Fort Dodge	IA	50501

FEC ID number of contributing federal political committee.

C

Name of Employer

Rasch Farms

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : 33-A831-3B07E5E8F151

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 2129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin Burke**

Mailing Address 11755 Wilshire Boulevard  
 Suite 2450

City State Zip Code  
 Los Angeles CA 90025

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Managing Director

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

Transaction ID : B6-8625-E337BE370DA1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Bryant Conger**

Mailing Address 5990 Richmond Highway #408

City State Zip Code  
 Alexandria VA 22303

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Susan B. Anthony List

Occupation

Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

Transaction ID : 62-91E0-E083273F8FBD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Larry ONeill**

Mailing Address 824 N. Clark Drive

City State Zip Code  
 Palatine IL 60074

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Retired

Occupation

Former Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

Transaction ID : 81-8359-91A06811C241

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 2129

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

## **A. Francis Melfi**

Mailing Address 79 River Street

City State Zip Code  
 Salamanca NY 14779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OUR LADY OF PEACE

Occupation

CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 09 / 30 / 2014

Transaction ID : 75-8451-ECE2DFF925F2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Sharon Bourassa**

Mailing Address 9973 NW 45th St

City State Zip Code  
 Sunrise FL 33351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legal Aid

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 09 / 05 / 2014

Transaction ID : 03-9328-DBA7AC1D8443

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
 Ste 750

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

MM / DD / YYYY  
 09 / 30 / 2014

Transaction ID : CA-97F7-874EBBD2D1A3

Amount of Each Receipt this Period

200000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

201250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 2129

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

## **A. Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
 Ste 750

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

MM / DD / YYYY  
 09 / 30 / 2014

Transaction ID : B8-BB99-9061023B3C9A

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

## **B. Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
 Ste 750

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

MM / DD / YYYY  
 09 / 30 / 2014

Transaction ID : BC-BEC4-27DCF09C53EA

Amount of Each Receipt this Period

13058.00

In Kind - Salaries

In Kind - Salaries

Full Name (Last, First, Middle Initial)

## **C. Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
 Ste 750

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

MM / DD / YYYY  
 09 / 30 / 2014

Transaction ID : A5-8D60-B217C5F51BB0

Amount of Each Receipt this Period

998.94

In Kind - Payroll Taxes

In Kind - Payroll Taxes

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114056.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 2129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
 Ste 750

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : 08-887B-AFA60CBAA697

Amount of Each Receipt this Period

2795.93

In Kind - Office Expense

In Kind - Office Expense

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2795.93

332777.87



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

293.73

1200.00

28.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 2129

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2014**Transaction ID : 0719D1CE-E000-40B9-8**

Amount of Each Disbursement this Period

1.44

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014**Transaction ID : 0AEDA859-593C-4D53-8**

Amount of Each Disbursement this Period

200.95

Full Name (Last, First, Middle Initial)

**C. NC Unemployment**

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014**Transaction ID : 0D03B6A3-BCA7-49D4-8**

Amount of Each Disbursement this Period

171.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

373.39

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

Age Group	Number of People
13-17	862.00
18-24	~450
25-34	~400
35-44	~350
45-54	~300
55-64	~250
65-74	~200
75-84	~150
85+	~100

443.70

364.88



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 2129

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Petrina Williams**

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 17 2014**Transaction ID : 164668D2-6882-4BC4-A**

Amount of Each Disbursement this Period

158.20

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement  
Phone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 11 2014**Transaction ID : 16CDB46B-66E5-4C73-8**

Amount of Each Disbursement this Period

3945.44

Full Name (Last, First, Middle Initial)

**C. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 12 2014**Transaction ID : 179AB668-88C6-4B81-A**

Amount of Each Disbursement this Period

17.01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4120.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Orleans Place, LLC**

Mailing Address PO Box 52592

City Lafayette	State LA	Zip Code 70505
-------------------	-------------	-------------------

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : 18C000EB-C4FB-4FA7-8**

Amount of Each Disbursement this Period

900.00
--------

Full Name (Last, First, Middle Initial)

**B. LA Unemployment**

Mailing Address 1001 North 23rd St, P.O. Box 94094

City Baton Rouge	State LA	Zip Code 70804
---------------------	-------------	-------------------

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : 1AAD9C81-F682-435D-B**

Amount of Each Disbursement this Period

83.64
-------

Full Name (Last, First, Middle Initial)

**C. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester	State NY	Zip Code 14625
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Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	04	/	2014

**Transaction ID : 25A9C982-48B5-4D56-9**

Amount of Each Disbursement this Period

38.30
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1021.94
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Petrina Williams**

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

**Transaction ID : 2C382D7B-580B-4960-B**

Amount of Each Disbursement this Period

1175.19
---------

Full Name (Last, First, Middle Initial)

**B. Ursula Anderson**

Mailing Address 210 Cooper Drive

City	State	Zip Code
Lafayette	LA	70501

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 2D2B7B90-799F-4895-8**

Amount of Each Disbursement this Period

1356.25
---------

Full Name (Last, First, Middle Initial)

**C. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

**Transaction ID : 2E8159D7-1746-49D7-8**

Amount of Each Disbursement this Period

0.95
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2532.39
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 2EECAF50-76B3-4C08-9**

Amount of Each Disbursement this Period

242.15
--------

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

**Transaction ID : 2FC5784C-AC5E-4C8D-A**

Amount of Each Disbursement this Period

5.33
------

Full Name (Last, First, Middle Initial)

**C. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : 3206F426-93F1-4230-9**

Amount of Each Disbursement this Period

542.98
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

790.46
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Walmart

Date of Disbursement

**Transaction ID : B1FD6F34-32FA-40EE-B**

002

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

260.00

**[MEMO ITEM]**

### Itemization Of Reimbursement

### B. Activist Manager

Date of Disbursement

MM / DD / YYYY

Transaction ID : 35B850F5-8827-4CBA-A

001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

3000.00

### C. Intuit

Date of Disbursement

09 / 29 / 2014

Transaction ID : 3690C517-4799-49F6-A

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

3.15

3003.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 2129

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014**Transaction ID : 38F6BA68-1E11-4AC6-8**

Amount of Each Disbursement this Period

21.28

Full Name (Last, First, Middle Initial)

**B. Cleco Power, LLC**

Mailing Address PO Box

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014**Transaction ID : 39010711-AB24-474F-B**

Amount of Each Disbursement this Period

67.14

Full Name (Last, First, Middle Initial)

**C. Mary Katherine Collins**

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014**Transaction ID : 3F9B5A78-74F0-4E17-A**

Amount of Each Disbursement this Period

201.21

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

289.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. NC Unemployment**

Mailing Address 1101 Mail Service Center

City Raleigh	State NC	Zip Code 27699
-----------------	-------------	-------------------

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2014

**Transaction ID : 3FBE640E-5F2F-4F55-9**

Amount of Each Disbursement this Period

18.00
-------

Full Name (Last, First, Middle Initial)

**B. Morgan Meredith & Associates**Mailing Address 22780 Indian Creek Dr  
Suite 100

City Dulles	State VA	Zip Code 20166
----------------	-------------	-------------------

Purpose of Disbursement  
Fundraising Mailing

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

**Transaction ID : 40610039-FA21-4C94-A**

Amount of Each Disbursement this Period

5684.00
---------

Full Name (Last, First, Middle Initial)

**C. Christopher Crawford**

Mailing Address 18 Fairhaven road

City Nashua	State NH	Zip Code 03060
----------------	-------------	-------------------

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

**Transaction ID : 44FD563A-F750-4564-9**

Amount of Each Disbursement this Period

57.52
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5759.52
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : 46647E4F-8955-477D-B**

Amount of Each Disbursement this Period

12.45
-------

Full Name (Last, First, Middle Initial)

**B. Authorize.Net**

Mailing Address PO Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

**Transaction ID : 46882F37-A683-429C-A**

Amount of Each Disbursement this Period

46.88
-------

Full Name (Last, First, Middle Initial)

**C. Mr. Robert Clapper**

Mailing Address 924 French St.

City New Orleans State LA Zip Code 70124

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 47A43794-874B-482E-9**

Amount of Each Disbursement this Period

2270.75
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2330.08
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2014**Transaction ID : 4822E00C-5AAC-46C3-9**

Amount of Each Disbursement this Period

1.43

Full Name (Last, First, Middle Initial)

**B. Duke Energy**

Mailing Address PO Box 70516

City Charlotte State NC Zip Code 28272

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014**Transaction ID : 499774AA-028F-495B-9**

Amount of Each Disbursement this Period

143.12

Full Name (Last, First, Middle Initial)

**C. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2014**Transaction ID : 4A1B84DB-15B6-4794-A**

Amount of Each Disbursement this Period

0.92

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.47

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Herbert Taylor**

Mailing Address 4809 Red Heart Drive

City	State	Zip Code
Wilmington	NC	28412

Purpose of Disbursement  
Rent

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

**Transaction ID : 4C911716-FDA8-45EB-8**

Amount of Each Disbursement this Period

875.00
--------

Full Name (Last, First, Middle Initial)

**B. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

002

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

**Transaction ID : 4CF86545-A4C2-4E99-9**

Amount of Each Disbursement this Period

337.69
--------

Full Name (Last, First, Middle Initial)

**C. Lus Fiber**

Mailing Address P.O. Box 4030-C

City	State	Zip Code
Lafayette	LA	70502

Purpose of Disbursement  
Utilities

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

**Transaction ID : 4D9CCFF6-E412-4843-8**

Amount of Each Disbursement this Period

254.03
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1466.72



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement
Payroll Tax

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 51AB7859-9353-43F0-A

Amount of Each Disbursement this Period

424.16

Full Name (Last, First, Middle Initial)

**B. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

### Purpose of Disbursement

#### Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
09 03 2014

**Transaction ID : 5245CA69-CE94-457F-8**

Amount of Each Disbursement this Period

229.81

Full Name (Last, First, Middle Initial)

### C. Discount Bankcard

Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 52A7641B-75A5-4AB3-A

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

654.07

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Julie Harris**

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 59C0A9CF-57C6-4C81-8**

Amount of Each Disbursement this Period

258.43
--------

Full Name (Last, First, Middle Initial)

**B. Andresen Blom**

Mailing Address 101 Asbury Ct.

City	State	Zip Code
Winchester	VA	22602

Purpose of Disbursement  
State Field Rep Management

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : 5A2341BE-7D0F-49DE-8**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : 5A5C6C73-122A-4FE6-9**

Amount of Each Disbursement this Period

82.52
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5340.95
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. MTOT Disc Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

**Transaction ID : 5B2B8E7F-4325-4A97-B**

Amount of Each Disbursement this Period

117.09
--------

Full Name (Last, First, Middle Initial)

**B. NC Unemployment**

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

**Transaction ID : 5B95C858-FB35-495F-B**

Amount of Each Disbursement this Period

153.52
--------

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
IN KIND-Office Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : 5BAA9708-2446-4BD8-9**

Amount of Each Disbursement this Period

2795.93
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3066.54
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

**Transaction ID : 5E73A975-C27C-464F-9**

Amount of Each Disbursement this Period

38.30
-------

Full Name (Last, First, Middle Initial)

**B. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

**Transaction ID : 5EC22BB7-099B-4181-8**

Amount of Each Disbursement this Period

0.57
------

Full Name (Last, First, Middle Initial)

**C. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Payroll Tax

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

**Transaction ID : 5ED1A635-CF50-4804-9**

Amount of Each Disbursement this Period

279.89
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

318.76
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Katherine Collins**

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

**Transaction ID : 62C4F01A-0CF3-4BE0-A**

Amount of Each Disbursement this Period

159.32
--------

Full Name (Last, First, Middle Initial)

**B. NC Department of Revenue**

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

**Transaction ID : 64035AE4-8F0F-4B67-9**

Amount of Each Disbursement this Period

51.00
-------

Full Name (Last, First, Middle Initial)

**C. Joanne Filiatreau**

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 64CC6CBE-24DA-40F3-A**

Amount of Each Disbursement this Period

2410.30
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2620.62
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

14457.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement	Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 6A3EA759-F7C9-46C1-A

Amount of Each Disbursement this Period

5.79

Full Name (Last, First, Middle Initial)

### B. Discount Bankcard

Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement	Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 02 / 2014

Transaction ID : 6B061D94-5764-4DD2-9

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.56
25-34	9.09
35-44	8.64
45-54	8.18
55-64	7.73
65-74	7.27
75-84	6.82
85+	6.36

Full Name (Last, First, Middle Initial)

### C. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement	Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
09 11 2014

Transaction ID : 6B6D24BA-3BA4-4A35-A

Amount of Each Disbursement this Period

1805.82

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1822.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

**Transaction ID : 6BC4D87B-A05C-48A8-8**

Amount of Each Disbursement this Period

168.42
--------

Full Name (Last, First, Middle Initial)

**B. Mallory Quigley**

Mailing Address 2061 Hopewood Dr

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : 6F4C6FBD-08E9-4AA8-9**

Amount of Each Disbursement this Period

49.55
-------

Full Name (Last, First, Middle Initial)

**C. Joanne Filiatreau**

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : 72D78F0F-5A4E-4B02-8**

Amount of Each Disbursement this Period

342.70
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

560.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement	Wages
Wages	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 73D2491D-8EA3-4826-9

Amount of Each Disbursement this Period

4621.00

Full Name (Last, First, Middle Initial)

**B. Taylor Wilson**

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

### Purpose of Disbursement

#### Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

09 / 11 / 2014

Transaction ID : 73FC437E-9FFF-4FED-A

Amount of Each Disbursement this Period

239.44

Full Name (Last, First, Middle Initial)

**C. Marjorie Dannenfelser**

Mailing Address 1707 L St, NW  
Suite 350

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement	Wages
Wages	100
Salaries	100
Commodities	100
Services	100
Interest	100
Dividends	100
Transfer Payments	100
Other	100
Total	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 7485DB01-AC75-4CE0-B

Amount of Each Disbursement this Period

1174.52

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6034.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville    State NC    Zip Code 28705

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014
**Transaction ID : 749A8981-7E51-49C8-A**

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

**B. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills    State CA    Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2014
**Transaction ID : 74F1F843-F29D-46F7-8**

Amount of Each Disbursement this Period

2.85

Full Name (Last, First, Middle Initial)

**C. Christopher Crawford**

Mailing Address 18 Fairhaven road

City Nashua    State NH    Zip Code 03060

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

002

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2014
**Transaction ID : 7652E515-F825-42FE-A**

Amount of Each Disbursement this Period

535.13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2786.42



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 7A87831B-2992-417C-A

Amount of Each Disbursement this Period

2419.58

Full Name (Last, First, Middle Initial)

### B. Discount Bankcard

Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement	Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 23 / 2014

**Transaction ID : 7E04C2B2-B268-49A7-A**

Amount of Each Disbursement this Period

Country	Proportion of 'Yes' responses
Canada	0.95
United States	0.92
United Kingdom	0.88
Germany	0.85
France	0.82
Italy	0.78
Spain	0.75
Japan	0.72
China	0.68
India	0.65
Brazil	0.62
Mexico	0.58

Full Name (Last, First, Middle Initial)

### C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Date of Disbursement



Transaction ID : 7E9D1E31-B74E-4D3D-B

Amount of Each Disbursement this Period

449.31

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2869.84



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. NC Unemployment**

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

**Transaction ID : 7F25E09D-D7C4-4254-B**

Amount of Each Disbursement this Period

148.04
--------

Full Name (Last, First, Middle Initial)

**B. LA Department of Taxation**

Mailing Address PO Box 201

City	State	Zip Code
Baton Rouge	LA	70802

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 815BB582-B8E6-47FF-B**

Amount of Each Disbursement this Period

430.00
--------

Full Name (Last, First, Middle Initial)

**C. Julie Harris**

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : 81942E96-CDA2-4FF0-B**

Amount of Each Disbursement this Period

472.51
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1050.55
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh	State NC	Zip Code 27615
-----------------	-------------	-------------------

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

**Transaction ID : 8401E652-58E0-4571-A**

Amount of Each Disbursement this Period

91.50
-------

Full Name (Last, First, Middle Initial)

**B. Dueling Oak, LLC**

Mailing Address PO Box 1026

City Madisonville	State LA	Zip Code 70447
----------------------	-------------	-------------------

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : 84903AAD-ACE2-4331-B**

Amount of Each Disbursement this Period

950.00
--------

Full Name (Last, First, Middle Initial)

**C. Jennifer Gross**

Mailing Address 1707 L St, NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 87BD6549-4490-4839-A**

Amount of Each Disbursement this Period

1717.42
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2758.92
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 88CAC7B0-2059-495F-8**

Amount of Each Disbursement this Period

2506.50
---------

Full Name (Last, First, Middle Initial)

**B. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Payroll Tax

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

**Transaction ID : 897A6709-3766-4523-A**

Amount of Each Disbursement this Period

685.04
--------

Full Name (Last, First, Middle Initial)

**C. C&K Properties**

Mailing Address 6350 Cephis Drive

City	State	Zip Code
Clemmons	NC	27012

Purpose of Disbursement  
Rent

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : 8E2BBD40-9AAC-4A14-8**

Amount of Each Disbursement this Period

995.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4186.54

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

## **A. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 17 / 2014

**Transaction ID : 902DAB80-7AD9-4554-9**

Amount of Each Disbursement this Period

108.71

Full Name (Last, First, Middle Initial)

## **B. Dick Wadhams**

Mailing Address 6388 South Chase Court

City Littleton State CO Zip Code 80123

Purpose of Disbursement  
State Political Management

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 11 / 2014

**Transaction ID : 90AF248A-A7F4-449C-B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Jeremy Hollar**

Mailing Address 121 Meadowview Drive

City Boone State NC Zip Code 28607

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 29 / 2014

**Transaction ID : 92248A05-CBC6-4908-9**

Amount of Each Disbursement this Period

12.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5120.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Colonial Properties**

Mailing Address 5100 South Thompson St.

City	State	Zip Code
Springfield	AR	72764

Purpose of Disbursement  
Rent

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : 9392B5DE-8BC6-4ACD-9**

Amount of Each Disbursement this Period

695.00
--------

Full Name (Last, First, Middle Initial)

**B. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 93FE4D46-6004-4DD8-B**

Amount of Each Disbursement this Period

2558.58
---------

Full Name (Last, First, Middle Initial)

**C. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : 9D32C0A2-72A1-4FEE-B**

Amount of Each Disbursement this Period

3.81
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3257.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Charles B Schmitz**

Mailing Address 213 South Haynes St

City	State	Zip Code
Poplarville	MS	39470

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 9EF31F3B-CA40-449F-8**

Amount of Each Disbursement this Period

2681.42
---------

Full Name (Last, First, Middle Initial)

**B. Ms. Dayna Poppen**

Mailing Address 111 Jerold Dr

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : 9FE63BF9-2576-4A6F-B**

Amount of Each Disbursement this Period

748.90
--------

Full Name (Last, First, Middle Initial)

**C. Ogletree Deakins**

Mailing Address P.O. Box 89

City	State	Zip Code
Columbia	DC	29202

Purpose of Disbursement  
Legal

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : A12D2585-3030-4585-A**

Amount of Each Disbursement this Period

1754.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5184.32



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Julie Harris**

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

**Transaction ID : A607EBAC-9F49-43A3-8**

Amount of Each Disbursement this Period

203.31
--------

Full Name (Last, First, Middle Initial)

**B. Bamberger, Foreman, Oswald & Hahn, LLP**

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement  
Legal

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

**Transaction ID : A6831795-987C-4597-A**

Amount of Each Disbursement this Period

900.00
--------

Full Name (Last, First, Middle Initial)

**C. Joanne Filiatreau**

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : A6F7F02E-0CF9-40D9-8**

Amount of Each Disbursement this Period

199.73
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1303.04
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Frank Cannon**

Mailing Address 6217 Lee Highway

City State Zip Code  
Arlington VA 22205Purpose of Disbursement  
Political Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 29 2014**Transaction ID : AB124833-A13A-4482-A**

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address IRS

City State Zip Code  
Cincinnati OH 45999Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 26 2014**Transaction ID : AB30EBE7-3810-4013-9**

Amount of Each Disbursement this Period

12265.91

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City State Zip Code  
Cramerton NC 28032Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 26 2014**Transaction ID : AF6ED415-671A-4C5E-9**

Amount of Each Disbursement this Period

2309.81

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15675.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. NC Unemployment**

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

**Transaction ID : B12273F0-EB57-4219-B**

Amount of Each Disbursement this Period

160.52
--------

Full Name (Last, First, Middle Initial)

**B. Southeastern Louisiana University**

Mailing Address 1350 N. General Pershing

City	State	Zip Code
Hammond	LA	70401

Purpose of Disbursement  
Job Fair Booth

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : B2065D93-E07D-4975-9**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**C. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

**Transaction ID : B2405F91-1110-4F00-B**

Amount of Each Disbursement this Period

154.86
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

515.38
--------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ruth Wisher**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	7		2	0	1	4		

Mailing Address 515 Gardere Lane  
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type**Transaction ID : B2AFC91C-61AB-4044-A**

Amount of Each Disbursement this Period

358.67

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Jeremy Hollar**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	1	4		

Mailing Address 121 Meadowview Drive

City Boone State NC Zip Code 28607

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type**Transaction ID : B5C0E36C-470B-463D-8**

Amount of Each Disbursement this Period

30.90

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Petrina Williams**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	1	4		

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement  
Wages

001

Candidate Name

Category/  
Type**Transaction ID : B7B76F93-C09C-4399-9**

Amount of Each Disbursement this Period

1175.19

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1564.76

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

Category/  
Type

State:  District:

Category/  
Type

State:  District:

Category/  
Type

State:  District:

1186.98

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. LA Unemployment**

Mailing Address 1001 North 23rd St, P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : BD5EB8D4-E43B-410C-B

Amount of Each Disbursement this Period

90.68
-------

Full Name (Last, First, Middle Initial)

**B. Douglas Young**

Mailing Address 65 Crimson Laurel Way

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : BDA97AD0-3317-43C2-9

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. Julie Harris**

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : BE0DA746-784C-418A-B

Amount of Each Disbursement this Period

52.80
-------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

843.48
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

### Purpose of Disbursement IN KIND-Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : BE91320E-814A-4AE8-A

Amount of Each Disbursement this Period

998.94

Full Name (Last, First, Middle Initial)

### B. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement	Wages
Wages	
Salaries	
Commissions	
Retirement	
Health Insurance	
Life Insurance	
Disability Insurance	
Unemployment Insurance	
Other	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : C04AB6D4-A279-40D5-A

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement	Wages
Wages	100
Salaries	100
Commodities	100
Services	100
Interest	100
Dividends	100
Capital Gains	100
Other	100
Total	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '26' with two squares above it. The third display shows '2014' with four squares above it. The displays are separated by slashes.

Transaction ID : C077F570-BC24-45E2-9

Amount of Each Disbursement this Period

681.04

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4679.98

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Wages
Wages	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : C35E96A5-122E-4530-9

Amount of Each Disbursement this Period

2359.19

Full Name (Last, First, Middle Initial)

### B. Michelle Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel Reimbursement

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Taylor	86
Robert Miller	77
Olivia Moore	83
William Clark	76
Isabella Lewis	81
Benjamin Hall	74
Mia King	87
Ethan Green	73
Ava Adams	84
Noah Baker	72
Charlotte Nelson	89
Liam Hill	71
Amelia Scott	80
Lucas Young	70
Harper Wright	86
Elijah Lopez	75
Evelyn King	82
Sebastian Green	74
Madison Adams	85
Isaac Baker	73
Chloe Nelson	88
Wyatt Hill	72
Abigail Scott	81
Grayson Young	76
Skylar Wright	83
Levi Lopez	71
Brooklyn King	87
Isaiah Green	74
Delaney Adams	80
Jeremiah Baker	70
Josephine Nelson	89
Samuel Hill	71
Victoria Scott	86
Christopher Young	75
Madeline Wright	82
Isaiah Lopez	73
Chloe King	88
Wyatt Green	72
Abigail Adams	81
Grayson Baker	76
Skylar Nelson	83
Levi Hill	71
Brooklyn Scott	87
Isaiah Young	74
Delaney Wright	80
Jeremiah Lopez	70
Josephine King	89
Samuel Green	71
Victoria Adams	86
Christopher Baker	75
Madeline Nelson	82
Isaiah Hill	73
Chloe Scott	88
Wyatt Young	72
Abigail Wright	81
Grayson Lopez	76
Skylar King	83
Levi Green	71
Brooklyn Adams	87
Isaiah Baker	74
Delaney Nelson	80
Jeremiah Hill	70
Josephine Scott	89
Samuel Young	71
Victoria Wright	86
Christopher Lopez	75
Madeline King	82
Isaiah Green	73
Chloe Adams	88
Wyatt Baker	72
Abigail Nelson	81
Grayson Hill	76
Skylar Scott	83
Levi Young	71
Brooklyn Wright	87
Isaiah Lopez	74
Delaney King	80
Jeremiah Green	70
Josephine Adams	89
Samuel Baker	71
Victoria Nelson	86
Christopher Hill	75
Madeline Scott	82
Isaiah Young	73
Chloe Wright	88
Wyatt Lopez	72
Abigail King	81
Grayson Green	76
Skylar Adams	83
Levi Baker	71
Brooklyn Nelson	87
Isaiah Hill	74
Delaney Scott	80
Jeremiah Young	70
Josephine Wright	89
Samuel Lopez	71
Victoria King	86
Christopher Green	75
Madeline Adams	82
Isaiah Baker	73
Chloe Nelson	88
Wyatt Hill	72
Abigail Scott	81
Grayson Young	76
Skylar Wright	83
Levi Lopez	71
Brooklyn King	87
Isaiah Green	74
Delaney Adams	80
Jeremiah Baker	70
Josephine Nelson	89
Samuel Hill	71
Victoria Scott	86
Christopher Young	75
Madeline Wright	82
Isaiah Lopez	73
Chloe King	88
Wyatt Green	72
Abigail Adams	81
Grayson Baker	76
Skylar Nelson	83
Levi Hill	71
Brooklyn Scott	87
Isaiah Young	74
Delaney Wright	80
Jeremiah Lopez	70
Josephine King	89
Samuel Green	71
Victoria Adams	86
Christopher Baker	75
Madeline Nelson	82
Isaiah Hill	73
Chloe Scott	88
Wyatt Young	72
Abigail Wright	81
Grayson Lopez	76
Skylar King	83
Levi Green	71
Brooklyn Adams	87
Isaiah Baker	74
Delaney Nelson	80
Jeremiah Hill	70
Josephine Scott	89
Samuel Young	71
Victoria Wright	86
Christopher Lopez	75
Madeline King	82
Isaiah Green	73
Chloe Adams	88
Wyatt Baker	72
Abigail Nelson	81
Grayson Hill	76
Skylar Scott	83
Levi Young	71
Brooklyn Wright	87
Isaiah Lopez	74
Delaney King	80
Jeremiah Green	70
Josephine Adams	89
Samuel Baker	71
Victoria Nelson	86
Christopher Hill	75
Madeline Scott	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : C50F2F98-359F-4CE4-A

Amount of Each Disbursement this Period

85.11

Full Name (Last, First, Middle Initial)

### C. Intuit

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

[illegible]

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

09 / 12 / 2014

Transaction ID : C6DC306E-7B64-437F-8

Amount of Each Disbursement this Period

Response	Proportion of respondents
Yes	0.83
No	0.17

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2445.13

Diagram of a two-story building with a basement, ground floor, and roof. The ground floor has a central hall and several rooms. The roof is labeled 'Dach'.



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 2129

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014**Transaction ID : C93EB313-DBFD-4204-9**

Amount of Each Disbursement this Period

26.23

Full Name (Last, First, Middle Initial)

**B. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2014**Transaction ID : C9419F17-FA04-4EDC-9**

Amount of Each Disbursement this Period

586.61

Full Name (Last, First, Middle Initial)

**C. Walmart**

Mailing Address 1550 Skibo Rd

City Fayetteville State NC Zip Code 28303

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2014**Transaction ID : 0566C133-B4E2-4F49-A**

Amount of Each Disbursement this Period

132.76

**[MEMO ITEM]**

Itemization Of Reimbursement

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

612.84

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Walmart

Mailing Address 5226 Sigmon Rd

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement	
Supplies	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 5A043F04-C847-412B-8

Amount of Each Disbursement this Period

170.00

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. Beene Office Park, LLC**

Mailing Address 2250 Hospital Drive  
Suite 220

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Rent

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Taylor	86
Robert Miller	77
Olivia Moore	83
William Clark	76
Isabella Lewis	81
Benjamin Hall	74
Mia King	87
Ethan Green	73
Ava Adams	84
Noah Baker	72
Charlotte Nelson	89
Liam Hill	71
Amelia Scott	80
Lucas Young	70
Harper Wright	86
Elijah Lopez	75
Evelyn King	82
Sebastian Green	78
Madison Adams	85
Isaac Baker	74
Chloe Nelson	81
Wyatt Hill	76
Abigail Scott	83
Grayson Young	72
Skylar Wright	87
Levi Lopez	73
Brooklyn King	84
Isaiah Green	71
Delaney Adams	80
Samuel Baker	70
Madeline Nelson	89
Christopher Hill	71
Victoria Scott	86
Andrew Young	75
Sophia Wright	82
Joshua Lopez	78
Grace King	85
Benjamin Green	74
Chloe Adams	81
Wyatt Baker	76
Abigail Nelson	83
Grayson Hill	72
Skylar Scott	87
Levi Young	73
Brooklyn Wright	84
Isaiah Lopez	71
Delaney King	80
Samuel Green	70
Madeline Adams	89
Christopher Baker	71
Victoria Nelson	86
Andrew Hill	75
Sophia Scott	82
Joshua Young	78
Grace Wright	85
Benjamin Lopez	74
Chloe King	81
Wyatt Green	76
Abigail Adams	83
Grayson Baker	72
Skylar Nelson	87
Levi Hill	73
Brooklyn Scott	84
Isaiah Young	71
Delaney Wright	80
Samuel Lopez	70
Madeline King	89
Christopher Green	71
Victoria Adams	86
Andrew Baker	75
Sophia Nelson	82
Joshua Hill	78
Grace Scott	85
Benjamin Young	74
Chloe Wright	81
Wyatt Lopez	76
Abigail King	83
Grayson Green	72
Skylar Adams	87
Levi Baker	73
Brooklyn Nelson	84
Isaiah Hill	71
Delaney Scott	80
Samuel Young	70
Madeline Wright	89
Christopher Lopez	71
Victoria King	86
Andrew Green	75
Sophia Adams	82
Joshua Baker	78
Grace Nelson	85
Benjamin Hill	74
Chloe Scott	81
Wyatt Young	76
Abigail Wright	83
Grayson Lopez	72
Skylar King	87
Levi Green	73
Brooklyn Adams	84
Isaiah Baker	71
Delaney Nelson	80
Samuel Hill	70
Madeline Scott	89
Christopher Young	71
Victoria Lopez	86
Andrew King	75
Sophia Green	82
Joshua Adams	78
Grace Baker	85
Benjamin Nelson	74
Chloe Hill	81
Wyatt Scott	76
Abigail Young	83
Grayson Wright	72
Skylar Lopez	87
Levi King	73
Brooklyn Green	84
Isaiah Adams	71
Delaney Baker	80
Samuel Nelson	70
Madeline Hill	89
Christopher Scott	71
Victoria Young	86
Andrew Lopez	75
Sophia King	82
Joshua Green	78
Grace Adams	85
Benjamin Baker	74
Chloe Nelson	81
Wyatt Hill	76
Abigail Scott	83
Grayson Young	72
Skylar Wright	87
Levi Lopez	73
Brooklyn King	84
Isaiah Green	71
Delaney Adams	80
Samuel Baker	70
Madeline Nelson	89
Christopher Hill	71
Victoria Scott	86
Andrew Young	75
Sophia Lopez	82
Joshua King	78
Grace Green	85
Benjamin Adams	74
Chloe Baker	81
Wyatt Nelson	76
Abigail Hill	83
Grayson Scott	72
Skylar Young	87
Levi Wright	73
Brooklyn Lopez	84
Isaiah King	71
Delaney Green	80
Samuel Adams	70
Madeline Baker	89
Christopher Nelson	71
Victoria Hill	86
Andrew Scott	75
Sophia Young	82
Joshua Wright	78
Grace Lopez	85
Benjamin King	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : C9683B84-660F-4EC7-9

Amount of Each Disbursement this Period

911.00

Full Name (Last, First, Middle Initial)

**C. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement	Wages
Wages	
Salaries	
Commissions	
Retirement	
Health Insurance	
Life Insurance	
Disability Insurance	
Unemployment Insurance	
Other	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '26' with two squares above it. The third display shows '2014' with four squares above it. The displays are separated by slashes.

**Transaction ID : CC3E9939-A62A-46D6-8**

Amount of Each Disbursement this Period

2245.61

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3156.61

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : CDB8D0C2-5C7C-4A94-9

Amount of Each Disbursement this Period

268.78

Full Name (Last, First, Middle Initial)

### B. Jay Canella

Mailing Address 3914 Lake Sherwood Ave

City	State	Zip Code
East Baton Rouge	LA	70816

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : D14D6E34-E0BB-44C7-A

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	5.00

Full Name (Last, First, Middle Initial)

### C. Frank Cannon

Mailing Address 6217 Lee Highway

City	State	Zip Code
Arlington	VA	22205

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
09 11 2014

Transaction ID : D1BA8B0F-C48E-4672-8

Amount of Each Disbursement this Period

1100.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2368.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2014**Transaction ID : D484E423-5359-4231-9**

Amount of Each Disbursement this Period

29.08

**B. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2014**Transaction ID : D5A4B7DD-2C23-4801-B**

Amount of Each Disbursement this Period

397.56

**C. Entergy Arkansas, Inc.**

Mailing Address PO Box 8101

City Baton Rouge State LA Zip Code 70891

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014**Transaction ID : D6AA7CE8-0F83-4083-B**

Amount of Each Disbursement this Period

34.92

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

461.56

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2014**Transaction ID : DAA7C25C-4966-471D-8**

Amount of Each Disbursement this Period

23.56

Full Name (Last, First, Middle Initial)

**B. The Carlyle Gregory Company, LLC**Mailing Address 140 Little Falls St.  
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Political Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014**Transaction ID : DCE68AD8-F284-47BE-B**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Trace Strategies, LLC**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
State Field Rep Management

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014**Transaction ID : E1B40B6B-0EB3-4686-B**

Amount of Each Disbursement this Period

6169.44

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8193.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

**A. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement	National Field Management
<p>1. <b>Administrative</b></p> <p>2. <b>Operational</b></p> <p>3. <b>Capital</b></p> <p>4. <b>Development</b></p> <p>5. <b>Other</b></p>	<p>1. <b>Administrative</b></p> <p>2. <b>Operational</b></p> <p>3. <b>Capital</b></p> <p>4. <b>Development</b></p> <p>5. <b>Other</b></p>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

**Transaction ID : E22B15AC-4064-4E3F-8**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

### B. Discount Bankcard

Mailing Address 21215 Burbank Blvd  
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement	Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

**Transaction ID : E2EF754A-97FC-4AE1-B**

Amount of Each Disbursement this Period

5.23

Full Name (Last, First, Middle Initial)

### C. Cleco Power, LLC

Mailing Address PO Box

City	State	Zip Code
Dallas	TX	75266

### Purpose of Disbursement Utilities

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : E490DB65-4DE0-4E3D-8

Amount of Each Disbursement this Period

67.14

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4072.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

Category/  
Type

State:  District:

09 / 26 / 2014

Category/  
Type

State:  District:

162.27

Category/  
Type

State:  District:

2036.04

FEC Schedule B (Form 3X) Rev. 02/2003



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City

Herndon

State

VA

Zip Code

20170

Purpose of Disbursement

National Field Management

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
09D D D /  
03Y Y Y Y Y Y  
2014**Transaction ID : E817DB59-5C40-4156-B**

Amount of Each Disbursement this Period

4841.54

Full Name (Last, First, Middle Initial)

**B. LA Unemployment**

Mailing Address 1001 North 23rd St, P.O. Box 94094

City

Baton Rouge

State

LA

Zip Code

70804

Purpose of Disbursement

Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
09D D D /  
19Y Y Y Y Y Y  
2014**Transaction ID : EBFDC0F2-2C5F-412D-8**

Amount of Each Disbursement this Period

92.82

Full Name (Last, First, Middle Initial)

**C. Discount Bankcard**Mailing Address 21215 Burbank Blvd  
Suite 300

City

Woodland Hills

State

CA

Zip Code

91367

Purpose of Disbursement

Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
09D D D /  
02Y Y Y Y Y Y  
2014**Transaction ID : EF6FDAC4-61A8-41E2-B**

Amount of Each Disbursement this Period

2.96

**SUBTOTAL** of Disbursements This Page (optional)..... ►

4937.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. IRS**

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : F0FFB56C-ECEB-46F4-A

Amount of Each Disbursement this Period

2318.84
---------

Full Name (Last, First, Middle Initial)

**B. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : F1CF69C8-3B7A-4DDD-9

Amount of Each Disbursement this Period

227.34
--------

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : F29863D4-EA09-4EBD-9

Amount of Each Disbursement this Period

5.60
------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2551.78
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 2129

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Clay A McCreary**

Mailing Address 1762 Orchard Drive

City Lenoir                      State NC                      Zip Code 28645

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      29                      2014
**Transaction ID : F3C294DA-5BF0-4615-B**

Amount of Each Disbursement this Period

63.26

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester                      State NY                      Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      26                      2014
**Transaction ID : F41D929D-441F-4EB4-A**

Amount of Each Disbursement this Period

62.81

Full Name (Last, First, Middle Initial)

**C. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon                      State VA                      Zip Code 20170

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      29                      2014
**Transaction ID : F472E218-651E-41B1-8**

Amount of Each Disbursement this Period

5069.37

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5195.44



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : F52FD6A2-EFB8-4656-A

Amount of Each Disbursement this Period

112.24

Full Name (Last, First, Middle Initial)

### B. Travelers

Mailing Address P.O. Box 660333  
Dept. 98476

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement	Insurance

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

09 / 22 / 2014

Transaction ID : F5963231-5933-4DBC-9

Amount of Each Disbursement this Period

199.50

Full Name (Last, First, Middle Initial)

### C. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

### Purpose of Disbursement Utilities

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '03' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : F6FCFD9A-448C-43E9-B

Amount of Each Disbursement this Period

97.50

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

409.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. IRS**

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : F7219FE6-246C-46E1-A

Amount of Each Disbursement this Period

2055.70
---------

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : F78A8186-06ED-4FF7-9

Amount of Each Disbursement this Period

15.95
-------

Full Name (Last, First, Middle Initial)

**C. Ms. Ruth Wisher**Mailing Address 515 Gardere Lane  
Apt 215

City	State	Zip Code
Baton Rouge	LA	70820

Purpose of Disbursement  
Wages

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : F7BDDAEC-0483-4F97-9

Amount of Each Disbursement this Period

2963.19
---------

SUBTOTAL of Disbursements This Page (optional)..... ►

5034.84
---------

TOTAL This Period (last page this line number only)..... ►

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
Women Speak Out PAC

### A. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement	Utilities

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : F847D412-8D3B-43AB-8

Amount of Each Disbursement this Period

36.79

Full Name (Last, First, Middle Initial)

**B. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City	State	Zip Code
Baton Rouge	LA	70820

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

09 / 26 / 2014

Transaction ID : F9BA9B46-1CD1-4CED-B

Amount of Each Disbursement this Period

250.94

Full Name (Last, First, Middle Initial)

### C. Majority Connections

Mailing Address 10 Pinnacle Rd

City	State	Zip Code
Durham	NC	27705

Purpose of Disbursement	Media Management
<p>1. <b>Public Information:</b> Disseminating information about the project, its goals, and its progress to the public.</p> <p>2. <b>Media Relations:</b> Establishing and maintaining relationships with media outlets to ensure accurate reporting and coverage.</p> <p>3. <b>Press Releases:</b> Drafting and distributing press releases to announce key milestones, findings, or events.</p> <p>4. <b>Media Kits:</b> Creating and distributing media kits containing project information, logos, and contact details.</p> <p>5. <b>Interviews:</b> Conducting interviews with project leaders or experts to provide insights and perspectives.</p> <p>6. <b>Press Conferences:</b> Organizing and hosting press conferences to announce major findings or project completion.</p> <p>7. <b>Media Monitoring:</b> Tracking media coverage of the project to assess public opinion and identify potential issues.</p> <p>8. <b>Website Management:</b> Maintaining and updating the project website with relevant information and media content.</p> <p>9. <b>Social Media:</b> Utilizing social media platforms to engage with the public, share project updates, and promote awareness.</p> <p>10. <b>Public Relations:</b> Managing the overall public image of the project and addressing any negative publicity.</p>	<p>1. <b>Media Strategy:</b> Developing a comprehensive media strategy that outlines the project's communication goals, target audience, and key messages.</p> <p>2. <b>Media Outreach:</b> Proactively reaching out to media outlets, journalists, and influencers to build relationships and secure coverage.</p> <p>3. <b>Content Development:</b> Creating high-quality, engaging content (e.g., press releases, blog posts, infographics) that effectively communicates the project's message.</p> <p>4. <b>Media Training:</b> Providing training and guidance to project leaders and spokespeople to ensure they are prepared for media interviews and press conferences.</p> <p>5. <b>Media Monitoring:</b> Implementing a system to track and analyze media coverage, including identifying key themes, sentiment, and potential issues.</p> <p>6. <b>Website Management:</b> Ensuring the project website is user-friendly, up-to-date, and optimized for search engines.</p> <p>7. <b>Social Media Management:</b> Developing and implementing a social media strategy that includes content creation, scheduling, and engagement.</p> <p>8. <b>Public Relations:</b> Managing the project's overall public image, including responding to media inquiries, addressing negative publicity, and promoting positive coverage.</p> <p>9. <b>Media Evaluation:</b> Regularly assessing the effectiveness of the media management strategy and making adjustments as needed.</p> <p>10. <b>Media Budgeting:</b> Establishing a budget for media management activities, including advertising, public relations, and media monitoring.</p>

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : FC043193-21AA-47FA-A

Amount of Each Disbursement this Period

Jours	Personne
Lundi	1000
Mardi	1000
Mercredi	1000
Jeudi	1000
Vendredi	1000
Samedi	1000
Dimanche	2000

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2287.73

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 2129

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Julie Harris**

Mailing Address 3654 Tara Street

City  
SpringdaleState  
ARZip Code  
72762Purpose of Disbursement  
Wages

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	9		2	6		2014					

Transaction ID : FC31D52E-04B1-4C1F-8

Amount of Each Disbursement this Period

2359.25

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

2359.25

TOTAL This Period (last page this line number only)..... ►

170916.70



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 73 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : d11d56d5-a24a-4da4-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">3.90</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 1b5579d0-53f1-44ce-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 74 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Brenda L Dawson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>		
Mailing Address 6021 General Samuel Rd		Amount 25.00		
City Jacksonville	State AR	Zip Code 72076	Transaction ID : c9cb8eba-0947-4c64-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brenda L Dawson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>		
Mailing Address 6021 General Samuel Rd		Amount 5.40		
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 0a1a1c6c-e6cd-49b1-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		30.40		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 75 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M / D D / Y Y Y Y Y Y              09 / 01 / 2014           </div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . . 40.00           </div>		
City Charlotte		State NC	Zip Code 23215		Transaction ID : 148773a7-f41e-4164-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M / D D / Y Y Y Y Y Y              09 / 01 / 2014           </div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . . 1095959.94           </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M / D D / Y Y Y Y Y Y              09 / 01 / 2014           </div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . . 9.60           </div>		
City Charlotte		State NC	Zip Code 23215		Transaction ID : b0f095ac-d3f7-4389-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M / D D / Y Y Y Y Y Y              09 / 01 / 2014           </div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . . 1095959.94           </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . . 49.60           </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . .           </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             . . . . .           </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            05 / 18 / 2015         </div>		

[Electronically Filed]

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 9.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : <b>be799938-ea15-4e6d-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	39.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christine B Long</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3121 Charleycote Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Raleigh		State NC	Zip Code 27614		Transaction ID : 8ae07937-daa0-418b-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christine B Long</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3121 Charleycote Dr			Amount <span style="border: 1px solid black; padding: 2px;">8.91</span>		
City Raleigh		State NC	Zip Code 27614		Transaction ID : 3970549c-6969-405d-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.91</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 907 Randall Drive			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : c8e0cd02-1328-4993-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 907 Randall Drive			Amount <span style="border: 1px solid black; padding: 2px;">21.60</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : a7c87f74-eddc-4026-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 282 Falls Ave			Amount 50.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 8e5d3fbf-5bd0-4b5d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 282 Falls Ave			Amount 57.90	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : cc15895c-a26f-4a78-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	107.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 80 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>20679 Glenbrook Terrace</b>		Amount <b>25.00</b>	
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>	Transaction ID : <b>6a2e98d9-bc18-42d1-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <b>40.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>46644452-98c3-41ac-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>65.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 81 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <b>18.90</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>146025fe-713f-4aa3-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>44 Bell St</b>		Amount <b>40.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>75428c9b-24d7-43be-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>58.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b> <i>[Electronically Filed]</i>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Mailing Address <b>44 Bell St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.90</div>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	<b>Transaction ID : 5d7c9737-817a-4756-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	<b>Transaction ID : 5d1ae91e-2fa7-4b89-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">58.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 83 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">18.90</span>		
City    State    Zip Code <b>Spruce Pine    NC    28777</b>		Transaction ID : <b>4b2ff46a-6f8a-46e7-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Cari A Stevenson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>12312 Summer Cemetary Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City    State    Zip Code <b>Cabot    AR    72023</b>		Transaction ID : <b>a80856f5-ef41-4fa5-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">38.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 84 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Cari A Stevenson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>12312 Summer Cemetary Rd</b>		Amount <b>3.60</b>	
City <b>Cabot</b>	State <b>AR</b>	Zip Code <b>72023</b>	Transaction ID : <b>d843bb33-0ce4-48b5-9</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>60.00</b>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>2d2bf9ac-5730-44f4-b</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>63.60</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Lindsey N Rose</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 615 Live Oak Dr		Amount <div> <div>MM / DD / YYYY</div> <div>40.00</div> </div>	
City searcy	State AR	Zip Code 72143	<b>Transaction ID : db81bdeb-7c3a-43e9-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>292370.62</div> </div>		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>140.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 86 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>4967 Dysartsville Rd</b>		Amount <b>80.00</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>8bdf1b86-2595-40ac-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>4967 Dysartsville Rd</b>		Amount <b>6.00</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>f3942306-a159-4d10-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>86.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 87 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>4967 Dysartville</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>Morganton</b>		State <b>NC</b>	Zip Code <b>28655</b>		Transaction ID : <b>ba50b651-9045-4199-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lisa Miller</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>718 Azalea Dr. Unit 453</b>			Amount <span style="border: 1px solid black; padding: 2px;">43.00</span>		
City <b>Hampstead</b>		State <b>NC</b>	Zip Code <b>28443</b>		Transaction ID : <b>830de004-2013-4064-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">123.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 88 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Lisa Miller</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>718 Azalea Dr. Unit 453</b>		Amount <b>3.72</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>d3c31e1a-9a7b-4573-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>6101 NORA ST</b>		Amount <b>40.00</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>7cb92bc0-e5b3-4d90-b</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>43.72</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 89 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">1.50</span>		
City METAIRIE		State LA	Zip Code 70003		
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : <b>cac4ec4f-c12c-48da-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lindsey E Helms</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 301 N Clinic Apt 3			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy		State AR	Zip Code 72143		
Purpose of Expenditure Salary		Category/ Type	Transaction ID : <b>feaa7810-61a8-42ee-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">41.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lindsey E Helms</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 301 N Clinic Apt 3			Amount <span style="border: 1px solid black; padding: 2px;">21.90</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 2d2bfd06-cbaa-4f27-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e0588d1b-cede-4f74-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">71.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : b105c5d6-4fae-4339-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td>130.60</td></tr> </table>	130.60
130.60		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 92 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>14.10</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>81f24a3f-d476-4df9-8</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>3113 Imperial Valley Dr.</b>		Amount <b>35.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72212</b>	Transaction ID : <b>e0a4d7f2-5616-4a9e-9</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>49.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 70.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 01f3bdde-9080-4e3d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	83.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 50.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : <b>fa269e74-29c4-4888-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	87.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 95 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 01 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount <span style="border:1px solid black; padding:2px;">10.20</span>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 3a6ddb61-044c-427c-a	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Melissa A Calvert</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 01 / 2014	
Mailing Address 20116 Medus St			Amount <span style="border:1px solid black; padding:2px;">22.50</span>	
City Covington	State LA	Zip Code 70435	Transaction ID : 847b43e8-f584-47a7-b	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">32.70</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 96 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>40.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>be4870fc-feb1-44c5-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>18.90</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>355ce5d4-f253-4a20-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>58.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 6412 Osage Dr		Amount 55.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : b89912b2-5ac3-495c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 6412 Osage Dr		Amount 9.54	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 01757021-2a67-499c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	64.54
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>01</span> <span>2014</span> </div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span>50.00</span> </div> </div>	
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : b9c7a553-7eda-4e08-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>01</span> <span>2014</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span>554635.78</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>01</span> <span>2014</span> </div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span>8.10</span> </div> </div>	
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : 2fcace83-b698-4697-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>01</span> <span>2014</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span>554635.78</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span>58.10</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M
D D
Y Y Y Y Y Y

05
18
2015

Signature

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 2506 Bolch Street		Amount 25.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e532cb55-5c90-44a2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>105.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 100 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>f84976ca-496a-486c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">25.20</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>1ffec95-9e9a-48c5-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">105.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 4902 Catawba Dr		Amount 23.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 747666d7-48f3-4614-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		138.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>		
Mailing Address 1025 Cayley Ct			Amount <div> <div>115.00</div> </div>		
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 35a2b9e5-d86c-41a8-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.90	
City High Point	State NC	Zip Code 27260	Transaction ID : e9dea767-41e6-4de1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	136.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 1103 West Wilson Street			Amount 28.20		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 59baf538-b25e-4a56-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 104 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 01 / 2014         </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           40.00         </div>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 3d6756e0-11fd-41db-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 01 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1095959.94         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 01 / 2014         </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           14.10         </div>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 7de372ae-e33b-4e82-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 01 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1095959.94         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         54.10       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         54.10       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 105 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : 80f8bd3b-8876-430e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">554635.78</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">0.90</span>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : 5de3dcbe-8413-49ab-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">554635.78</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">20.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 106 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 01 / 2014         </div>		
Mailing Address <b>543 S 2nd St</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 60.00         </div>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>3ea22ae6-5893-4d5f-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 01 / 2014         </div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 554635.78         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 01 / 2014         </div>		
Mailing Address <b>543 S 2nd St</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 8.10         </div>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>6b6f5814-2763-4941-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 01 / 2014         </div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 554635.78         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 68.10         </div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right; margin-top: 10px;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            05 / 18 / 2015         </div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 107 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>111 Westchester Blvd Apt D4</b>		Amount <b>60.00</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	Transaction ID : <b>dcb1d47e-c1be-430f-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>50.00</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>29a58754-84fb-419a-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>110.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 108 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 01 / 2014</span>		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border:1px solid black; padding:2px;">32.28</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 94567ecd-fd3d-441e-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 01 / 2014</span>
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 01 / 2014</span>		
Mailing Address 18065 Wayne Rd			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City Odessa		State FL	Zip Code 33556		Transaction ID : e372d0b4-4422-474c-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 01 / 2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">82.28</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>		
			[Electronically Filed]		

Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 4691 Hercules Lane		Amount 80.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 709fd471-0705-45bb-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Holly M Tippet</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 595 Saint Gabrielle Dr			Amount 20.00		
City Florissant	State MO	Zip Code 63033	Transaction ID : 6f3b9a0e-a457-4d9f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">100.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 110 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Holly M Tippet</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 01 / 2014</div>		
Mailing Address 595 Saint Gabrielle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.71</div>		
City Florissant		State MO	Zip Code 63033		Transaction ID : d6ac55e9-6c21-412b-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 01 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 01 / 2014</div>		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">79.00</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : b6bf611f-d2b2-47f4-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 01 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">98.71</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 111 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 19.20	
City Conway	State AR	Zip Code 72032	Transaction ID : 34532447-9e03-41ab-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rebecca A Calvert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 20116 Medus St		Amount 22.50	
City Covington	State LA	Zip Code 70435	Transaction ID : a94946c4-7223-4c0d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Rebecca A Calvert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 20116 Medus St			Amount <span style="border: 1px solid black; padding: 2px;">5.22</span>		
City Covington	State LA	Zip Code 70435	Transaction ID : d1b8aac8-43e1-449d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Conway	State AR	Zip Code 72032	Transaction ID : ad64931f-619c-4378-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">45.22</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 113 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 20.40
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 4d839bd9-2543-42f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 1410 Bushville drive		Amount 80.00
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 340dc62f-7a00-499c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 114 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 1410 Bushville drive		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 6c983e1f-e53b-4778-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 1410 Bushville Dr		Amount 90.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3fd6ad74-0997-4cc5-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 115 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>1410 Bushville Dr</b>		Amount <b>16.20</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>1f0ec169-7889-4016-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>50.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>c15a85a1-f386-4b49-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>66.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>6eb2558f-536f-45de-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>90.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div> <div>_____</div> <div>40.00</div> </div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 98edb970-e202-4b16-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 01ceebcd-073a-4a99-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	120.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 118 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 73692dc8-2f72-4fb5-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border:1px solid black; padding:2px;">6.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : bc6bac1f-48e2-4977-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">86.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 44 Bell St		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4f79d39f-85f6-4ccf-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	249.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 120 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 02 / 2014		
Mailing Address 44 Bell St			Amount <span style="border:1px solid black; padding:2px;">16.50</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : <b>6fb3a635-a821-4826-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 02 / 2014		
Mailing Address 44 Bell Street Ext			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : <b>ec233c86-8d7a-4a0f-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">56.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015		
			[Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 44 Bell Street Ext			Amount <span style="border: 1px solid black; padding: 2px;">16.50</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 23e9d174-014f-4546-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Aaron L Griffin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4830 Westin Park Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : f9f8acf9-b01a-4487-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Aaron L Griffin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 4830 Westin Park Drive		Amount 2.70	
City Conway	State AR	Zip Code 72034	Transaction ID : f14d704b-5847-4a3f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Facebook Inc</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>	
Mailing Address P.O Box 10005 Department 415		Amount <div> <div>_____</div> <div>450.00</div> </div>	
City Palo Alto	State CA	Zip Code 94303	<b>Transaction ID : 5e7c349c-7ccc-410e-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>
Purpose of Expenditure Facebook Advertising		Category/ Type <div> <div>_____</div> <div>004</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div> <div>_____</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	452.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>LR3 Consulting LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2133 Silverside Dr Ste A			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Baton Rouge		State LA	Zip Code 70809		Transaction ID : 8135b9c0-daad-47ab-a
Purpose of Expenditure Facebook Advertising Management		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 160 #50 Pompano Dr			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City New Bern		State NC	Zip Code 28560		Transaction ID : e9cf0d03-a9bd-47b0-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">105.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div>Amount</div> <div>45.00</div> </div>	
City	State	Zip Code	<b>Transaction ID : 0bc4ca71-5033-4046-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
292370.62			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	53.19
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 125 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>	
Mailing Address <b>202 East Park Ave Apt 40</b>		Amount <b>21.72</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>6f2c1ed0-0c94-468e-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 01 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>3205 Pebble Beach Rd</b>		Amount <b>12.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>63448faa-996e-4b26-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>33.72</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 2.22		
City Conway	State AR	Zip Code 72034	Transaction ID : 95b4ab05-11e5-4b06-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>	
Mailing Address 307 Farris Rd Apt 1		Amount <div> <div></div> <div>30.00</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : a66f9521-0156-4a1c-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	32.22
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 127 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 02 / 2014		
Mailing Address 345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Metairie	State LA	Zip Code 70006	Transaction ID : e4d79ea7-f4c2-4eb5-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 02 / 2014		
Mailing Address 345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">3.66</span>		
City Metairie	State LA	Zip Code 70006	Transaction ID : d48cf8bc-c517-4b71-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.66</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 4cad627e-a3cb-4d9d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 4.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 2e0dc80a-e3d5-4430-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	34.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 129 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>		Amount <b>85.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>35c1ad3e-2941-4225-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>		Amount <b>85.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>5cb038b1-754c-4574-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>170.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 130 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 924 N. Prieur St			Amount <span style="border:1px solid black; padding:2px;">13.50</span>	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 07091d74-0f13-49b7-9	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 924 N. Prieur St			Amount <span style="border:1px solid black; padding:2px;">13.50</span>	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 15f0011d-e5d9-443e-a	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">27.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 131 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address <b>8822 Apple St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 45.00		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70188</b>		<b>Transaction ID : 0f16b0ee-f269-423f-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought:    <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>LA</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address <b>106 Hillside St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 90.00		
City <b>Spindale</b>		State <b>NC</b>	Zip Code <b>28160</b>		<b>Transaction ID : f5efed60-d8f4-46dc-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought:    <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>NC</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 135.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>		
[Electronically Filed]					

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 106 Hillside St		Amount 34.05	
City Spindale	State NC	Zip Code 28160	Transaction ID : 0479bdde-eda1-4af2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4ec43cb3-0b63-47a4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	84.05
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 133 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 1001cc08-7b34-45b5-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1434 South Avenue		Amount 13.50	
City Eden	State NC	Zip Code 27288	Transaction ID : 0979f84e-6886-4795-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 134 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>15.00</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>fc7d7c7f-e26e-415c-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>9.60</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>27db212b-a7aa-457a-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>24.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 135 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5330 Nestleway Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 6895bfd3-8e39-4d1d-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5330 Nestleway Dr			Amount <span style="border: 1px solid black; padding: 2px;">9.90</span>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 530102e6-0a87-4308-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">49.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 136 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1804 Auburn Ave		Amount 15.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : 48887f1f-7933-4ea7-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1804 Auburn Ave		Amount 1.20	
City Metaire	State LA	Zip Code 70003	Transaction ID : 75f15bf6-c8d7-40a9-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 137 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carol L Snow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6281 Jenkins rd			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : b04937ea-9b6c-4250-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Snow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6281 Jenkins rd			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : a0e3cbd1-8af0-4ea5-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 138 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address    Split Oak Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">57.50</div>		
City charlotte		State NC	Zip Code 28227		Transaction ID : 97dd3405-ea77-498d-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address    Split Oak Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23.61</div>		
City charlotte		State NC	Zip Code 28227		Transaction ID : 2d546e13-38d6-4c8d-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">81.11</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : f4a8bb7a-9278-45d8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>42.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee <b>Dwayne C Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 6.15	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 45b7fce5-f51c-4d75-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px;">36.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 141 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : <b>bb135ce8-4cde-44d7-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : <b>3a446690-5180-4e2a-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">135.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 142 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">61.80</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2d189b3e-4054-486b-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 120a551a-2bc1-48f8-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">111.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 143 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address <b>506 N Horton Street</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>26.10</b>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	<b>Transaction ID : dc5053b6-5c59-4920-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> <b>002</b>	<div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address <b>6544 Arno College Grove Rd</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>50.00</b>		
City <b>College Grove</b>	State <b>TN</b>	Zip Code <b>37046</b>	<b>Transaction ID : 6800ac25-e037-44d7-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> <b>001</b>	<div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>76.10</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 144 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Nathan S Shaw</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 5726 NC Hwy 66 S			Amount <span style="border:1px solid black; padding:2px;">20.00</span>	
City King	State NC	Zip Code 27021	Transaction ID : <b>6fbe787a-7b6b-4a2a-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nathan S Shaw</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 5726 NC Hwy 66 S			Amount <span style="border:1px solid black; padding:2px;">9.30</span>	
City King	State NC	Zip Code 27021	Transaction ID : <b>bccc628e-0dae-4e3c-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">29.30</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 145 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 6412 Osage Dr		Amount 35.00	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : 65bf32ea-07d2-4f7d-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 6412 Osage Dr		Amount 5.64	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : 2fce38f6-2e2b-48b1-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	40.64
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 146 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Mailing Address    2565 Shire Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">20.00</div>		
City    Harrisonburg		State    VA	Zip Code    22801		Transaction ID : 56044bd7-0ac3-48a4-9
Purpose of Expenditure Salary		Category/Type    001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Mailing Address    10112 Piney Creek Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City    Charolette		State    NC	Zip Code    28215		Transaction ID : d36bf43f-8a90-442d-9
Purpose of Expenditure Salary		Category/Type    001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">100.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures.....▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Charolette		State NC	Zip Code 28215		Transaction ID : <b>eceae17a-5fc9-4870-8</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : <b>fe416c49-ab06-4b23-8</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">112.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 905 Lake Drive		Amount 80.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 4c9d708f-395c-42c0-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	110.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 149 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 905 Lake Drive		Amount 3.60	
City Shelby	State NC	Zip Code 28152	Transaction ID : bc85e8a2-5db5-4df8-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Brenda L Dawson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 6021 General Samuel Rd		Amount 16.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 6722adec-e0e7-4468-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		19.60	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 150 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Brenda L Dawson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 6021 General Samuel Rd		Amount 5.70	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 44129890-4275-407b-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 40.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 3a7d1288-5a3b-4095-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		45.70	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 151 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 12.00	
City Conway	State AR	Zip Code 72032	Transaction ID : fa741927-a650-4ab9-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1700 E Part Ave		Amount 40.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 54088026-4e59-4460-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		52.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 20.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 8b1d61b5-35ea-4101-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	41.42
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 153 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">13.80</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>1edc0de5-d3c5-4c28-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 4691 Hercules Lane			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : <b>d1d0de2f-a284-4eff-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">93.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 154 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>
Mailing Address <b>205 Medallion Circle</b>		Amount <b>80.00</b>
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>ff289c0c-ffd5-49d5-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>
Mailing Address <b>205 Medallion Circle</b>		Amount <b>58.20</b>
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>56e0a922-9c09-4577-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>138.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 282 Falls Ave		Amount 18.60	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 75113e0d-861c-46a9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 1095959.94 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	48.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 139d116c-64f4-4772-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">8.40</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : d900e487-5f4a-4801-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 157 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           09 / 02 / 2014         </div>	
Mailing Address 110 W Pecan St		Amount <div style="border: 1px solid black; padding: 2px;">           65.00         </div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 190975c5-9660-4245-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           09 / 02 / 2014         </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">           554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           09 / 02 / 2014         </div>	
Mailing Address 110 W Pecan St		Amount <div style="border: 1px solid black; padding: 2px;">           37.80         </div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : eb680807-64ed-4f62-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           09 / 02 / 2014         </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">           554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">           102.80         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">           102.80         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 158 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>101 Asbury Ct</b>		Amount <b>97.50</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>18df6899-477b-40f6-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>9455 Snow Camp Road</b>		Amount <b>70.00</b>	
City <b>Snowcamp</b>	State <b>NC</b>	Zip Code <b>27349</b>	Transaction ID : <b>92d8b9d1-a0f3-4155-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>167.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 25.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 86d385bf-0364-4d0c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>33.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 160 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>3113 Imperial Valley Dr.</b>		Amount <b>11.40</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72212</b>	Transaction ID : <b>288ff782-ab22-410a-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>55.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>08d88908-97af-40ad-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>66.40</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>					
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Mailing Address    1103 West Wilson Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             34.50           </div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 94ce9638-b667-441b-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Purpose of Expenditure Mileage		Category/ Type    002	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Mailing Address    220 Doucet Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             20.00           </div>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6b54582e-c979-4c03-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Purpose of Expenditure Salary		Category/ Type    001	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             54.50           </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             0.00           </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">             54.50           </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 162 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">1.68</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 80b66598-7cd6-4ac2-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Odessa	State FL	Zip Code 33556	Transaction ID : 1fa6dd45-a61c-4aa3-a		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">61.68</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 163 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address 1436 Haigs Creek Dr		Amount <b>60.00</b>	
City Elgin	State SC	Zip Code 29045	Transaction ID : <b>f2ffb64f-2f33-4b38-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address 1436 Haigs Creek Dr		Amount <b>33.09</b>	
City Elgin	State SC	Zip Code 29045	Transaction ID : <b>a8fe2c29-df13-4650-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>93.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 164 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">45.00</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 1582fcd5-838f-47ff-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">15.00</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 4d442266-13e5-4cc7-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 165 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Mailing Address    3110 Brentwood Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">90.00</div>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 17ad7046-18d7-402f-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Mailing Address    3110 Brentwood Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">18.90</div>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 48aacc95-ba97-4548-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 02 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">108.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 166 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>115.00</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>d2eed4d9-9984-42bb-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>22.80</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>c25bf1d1-9d8c-4a45-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>137.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 167 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>111 Westchester Blvd Apt D4</b>		Amount <b>50.00</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	Transaction ID : <b>07baa40a-e3e9-43df-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>75.00</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>81aede81-7ac8-4be6-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>125.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 169 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 202 East Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">22.80</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : f702e931-fbe2-4030-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 42702bf6-6afb-4ec7-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">92.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 60.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : d7ccfd1e-778d-4263-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	71.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 171 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 3792fb2e-44bd-4207-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">1.80</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 29790f76-79a2-430a-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 172 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 404a6261-66ab-4a81-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 100 ASBURY CT		Amount 70.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 4bf2ebe6-3ae3-4bca-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 173 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>
Mailing Address 100 Asbury Ct		Amount <b>70.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Transaction ID : <b>12e449d5-6447-474d-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>
Mailing Address 100 Asbury Ct		Amount <b>80.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Transaction ID : <b>495c21e1-81eb-4cea-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>150.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 174 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <b>80.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>da7c4837-8bd7-4865-a</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>80.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>e0e8662d-cefb-4c6c-9</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 02 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>160.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 175 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 55.00	
City Conway	State AR	Zip Code 72032	Transaction ID : af7e9f8d-93ea-4855-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 6.30	
City Conway	State AR	Zip Code 72032	Transaction ID : 6c879f66-9fce-412a-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 4264637b-fb8e-4c91-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">4.20</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : d155974b-b764-48df-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">59.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 177 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 20.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 7f758236-3867-4532-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Carla A Wells</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 2013 Woodwind Way		Amount 60.00	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 8145d619-038e-41eb-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 178 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>40.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>d756ef80-e327-4a2f-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>21.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>7cda8f32-2e7a-47e7-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>61.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 179 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 01d4fec9-091c-4bd6-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.74</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 3013e4f1-2c2e-4f62-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">38.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> </div>	
Mailing Address 3 Girard		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">25.00</span> </div>	
City Fort Smith	State AR	Zip Code 72901	<b>Transaction ID : 48e8c57c-a35f-4445-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> </div>
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> </div>	
Mailing Address 3 Girard		Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">6.30</span> </div>	
City Fort Smith	State AR	Zip Code 72901	<b>Transaction ID : 7567999f-556b-4af2-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> </div>
Purpose of Expenditure Mileage	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">31.30</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y

Signature

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 211 Pearl St		Amount 52.50	
City Drexel	State NC	Zip Code 28619	Transaction ID : 1f59f8d3-e1b2-42e8-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	80.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 182 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>William M Goldsmith</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 211 Pearl St		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 / 03 / 2014</span> </div> </div>	
City Drexel	State NC	Zip Code 28619	<b>Transaction ID : 09c40030-6a4f-48c9-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 1410 Bushville Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 / 03 / 2014</span> </div> </div>	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : 04f0bedb-2007-411b-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>80.78</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1410 Bushville Dr		Amount 11.70	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 02c0592f-7dcd-488f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 35.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 9028cb91-444d-4d3b-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	46.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 184 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>		
Mailing Address    307 Farris Rd Apt 1			Amount <span style="border:1px solid black; padding:2px;">4.50</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 41142ca9-be07-45ec-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>		
Mailing Address    307 Farris Rd Apt 1			Amount <span style="border:1px solid black; padding:2px;">35.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 9d222ca4-4238-4bad-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">39.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 185 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>307 Farris Rd Apt 1</b>		Amount <b>4.50</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>c2d96e10-72d4-4328-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Dwayne C Smith</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>900 Bramblegate Rd</b>		Amount <b>40.00</b>	
City <b>Hope Mills</b>	State <b>NC</b>	Zip Code <b>28348</b>	Transaction ID : <b>8b0053a3-e2a9-4f2c-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>44.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 186 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 900 Bramblegate Rd			Amount <span style="border:1px solid black; padding:2px;">12.60</span>		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 592c2beb-e918-4ec8-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 5330 Nestleway Dr			Amount <span style="border:1px solid black; padding:2px;">45.00</span>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 58a9da86-290e-4342-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">57.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 187 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <b>4.20</b>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>cef8a6f9-c757-402f-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <b>35.00</b>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>ca10ae69-b3fc-4722-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>39.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 188 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 09 / 03 / 2014		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.40</div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4aa340e4-11d5-4335-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Andrea L Hammond</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 09 / 03 / 2014		
Mailing Address 12920 Kneeland Ln			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Neosho	State MO	Zip Code 64850	Transaction ID : 8f293ba8-2f2c-4444-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">61.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 189 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address <b>12920 Kneeland Ln</b>		Amount <b>40.20</b>	
City <b>Neosho</b>	State <b>MO</b>	Zip Code <b>64850</b>	Transaction ID : <b>ce16bd96-11eb-43a5-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address <b>1410 Bushville drive</b>		Amount <b>80.00</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>6520d319-61bc-473d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>120.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 190 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>1410 Bushville drive</b>		Amount <b>21.60</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>c82e3d75-e58a-494b-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>106 Hillside St</b>		Amount <b>52.50</b>	
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>3da96a81-a2d0-4121-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>74.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">27.66</span>		
City Spindale		State NC	Zip Code 28160		Transaction ID : f81edb4f-d87a-4a11-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>New Orleans Marriott Metairie at Lakeway</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Mailing Address 3838 N. Causeway Boulevard			Amount <span style="border: 1px solid black; padding: 2px;">334.86</span>		
City Metairie		State LA	Zip Code 70002		Transaction ID : 3e8aacfb-553e-4cd3-b
Purpose of Expenditure 3 Hotel Rooms for Metairie Event Guests		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">362.52</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code <b>Bakersville    NC    28705</b>		Transaction ID : <b>2b98c681-e26b-4214-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.10</span>		
City    State    Zip Code <b>Bakersville    NC    28705</b>		Transaction ID : <b>bd0d60f0-9244-43ca-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 15.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 1f0a988b-6904-43be-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 8.58	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 5184a92f-943a-4564-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 194 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 03 / 2014         </div>	
Mailing Address <b>2730 Dave Ward Dr</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           30.00         </div>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	<b>Transaction ID : ad183048-90e4-4e8d-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 03 / 2014         </div>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           292370.62         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 03 / 2014         </div>	
Mailing Address <b>2730 Dave Ward Dr</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           13.50         </div>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	<b>Transaction ID : 63d20e56-a037-4f5c-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            09 / 03 / 2014         </div>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           292370.62         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         43.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         43.50       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 03 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount <span style="border: 1px solid black; padding: 2px;">27.00</span>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : afbfd42a-047c-41d0-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 03 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount <span style="border: 1px solid black; padding: 2px;">3.48</span>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 06828df1-f9cd-46a4-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">30.48</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 196 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : c7d6405e-a140-4a00-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Conway	State AR	Zip Code 72032	Transaction ID : d5339700-6b6c-4635-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">70.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan  
 \_\_\_\_\_  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 197 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>	
Mailing Address    1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 0d965d69-f6a6-466f-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sandra L Clarke</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>	
Mailing Address    1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : e95aadd4-c253-4dab-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">23.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 198 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>40.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>42742724-c3ab-4fea-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>18.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>b1f1906c-3aeb-41fd-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>58.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 199 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 5.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 35151b36-7c95-4341-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 0.90	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 5b98f0eb-6811-4d72-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 200 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Douglas A Nystrom</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 03 / 2014         </div>	
Mailing Address 2000 W University St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           15.00         </div>	
City Siloam Springs	State AR	Zip Code 72761	<b>Transaction ID : 1247385a-934e-4eb6-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 03 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 03 / 2014         </div>	
Mailing Address 1804 Auburn Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           10.00         </div>	
City Metairie	State LA	Zip Code 70003	<b>Transaction ID : 78eac839-1ada-48db-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 03 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           554635.78         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         25.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         25.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 201 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Donald Dessauer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Mailing Address <b>1804 Auburn Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">1.20</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>158aa11e-c7d7-4c5e-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Trent Minner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Mailing Address <b>2000 W University St</b>			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>beb42e17-d65f-477d-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">16.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 202 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 2000 W University St		Amount 4.80	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : fea09fff-feb1-4cd7-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 112 apache Dr		Amount 40.00	
City Search	State AR	Zip Code 72149	Transaction ID : 8a953790-e895-4c84-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Christine B Long</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3121 Charleycote Dr		Amount 10.00	
City Raleigh	State NC	Zip Code 27614	Transaction ID : <b>bd94ed47-2fa8-40f5-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President	District: 00 State: NC <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	30.25
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 204 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christine B Long</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 3121 Charleycote Dr			Amount 9.54		
City Raleigh	State NC	Zip Code 27614	Transaction ID : 27fa6223-eda4-438b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 907 Randall Drive			Amount 30.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 98d73220-f3ea-4b5c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	39.54
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 205 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 907 Randall Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.80</div>		
City Searcy		State AR	Zip Code 72149		<b>Transaction ID : f57f2e44-4ab3-48d6-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Sterling		State VA	Zip Code 20165		<b>Transaction ID : a46dc99f-5e22-4f6c-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">67.80</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 206 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 615 Live Oak Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City searcy		State AR	Zip Code 72143		Transaction ID : 922087c2-4d54-46be-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 615 Live Oak Dr			Amount <span style="border: 1px solid black; padding: 2px;">28.89</span>		
City searcy		State AR	Zip Code 72143		Transaction ID : a437dce6-c005-4c34-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.89</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 207 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Mailing Address <b>2565 Shire Circle</b>			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>129da799-32bb-42f1-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Mailing Address <b>2090 Fancy Gap Rd</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>668b89e6-0b42-4aed-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">105.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 208 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 34.44		
City Mt. Airy		State NC	Zip Code 27030	Transaction ID : 49c69b88-1a11-4c62-a	
Purpose of Expenditure Mileage		Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 80.00		
City Mt. Airy		State NC	Zip Code 27030	Transaction ID : 11904baf-4b8b-4f56-8	
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 209 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">34.44</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 4181eed1-71d3-4bdf-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1434 South Avenue			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Eden	State NC	Zip Code 27288	Transaction ID : ea5ffa28-6fd2-4f58-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">134.44</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 210 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1434 South Avenue</b>			Amount <span style="border: 1px solid black; padding: 2px;">15.60</span>		
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>a70d6a9a-b4a4-4be6-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1410 Bushville Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>6e072b32-248d-4a8e-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">45.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 211 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1410 Bushville Dr		Amount 14.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ca653dc6-9734-46e8-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 103 Washington Ave		Amount 23.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 03831c33-79a8-4958-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 103 Washington Ave		Amount 12.66	
City Newport	State NC	Zip Code 28570	Transaction ID : d7ea5888-aaa8-4e2b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 50.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 11c40ac7-420f-4832-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 213 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>	
Mailing Address 2320 Saint Nick Dr			Amount <span style="border:1px solid black; padding:2px;">6.90</span>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : f8dcc859-ef6d-4315-8	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>	
Mailing Address Split Oak Drive			Amount <span style="border:1px solid black; padding:2px;">57.50</span>	
City charlotte	State NC	Zip Code 28227	Transaction ID : 4fbf0439-23c7-47cb-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 03 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">64.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>23.10</b>	
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>eb664547-7ff7-4660-9</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tammay Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 924 N. Prieur St		Amount <b>80.00</b>	
City New Orleans	State LA	Zip Code 70116	Transaction ID : <b>eeac62b5-d47e-400e-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>103.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 215 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>		
City New Orleans		State LA	Zip Code 70116		<b>Transaction ID : 4dada5e7-c76b-442e-8</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 101 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">102.50</div>		
City Winchester		State VA	Zip Code 22602		<b>Transaction ID : b921a7e8-0208-4515-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">114.50</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : 21edf2a1-09f0-4521-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">39.60</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : edf40182-5750-4166-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">99.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 217 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>60.00</b>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>471a91c4-038c-427a-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>10112 Piney Creek Ct</b>		Amount <b>70.00</b>	
City <b>Charolette</b>	State <b>NC</b>	Zip Code <b>28215</b>	Transaction ID : <b>e16e1413-ea52-4425-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>130.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 218 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 24.60	
City Charolette	State NC	Zip Code 28215	Transaction ID : a273a520-a14a-4aaa-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 407 randall Dr		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 00210f96-4adb-4028-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 70006172-15f7-4250-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	36.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 220 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>1.23</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>40a1dc1e-15ff-4d18-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <b>80.00</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>76fdd9ce-3c5f-4906-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>81.23</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">32.40</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 2aa9fb88-5f4d-4b97-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 91742ea4-bee1-40f5-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">72.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 222 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">16.20</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5c4659f5-d12e-4a55-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Bradley K Kissinger</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 486ed0f9-1b34-462c-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">36.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 45.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a6012a1f-c6a4-449c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>55.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 12.03	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a808bd54-ce8b-4bfe-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 300 Evangeline St		Amount 55.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 2abdbc4c-252d-47d9-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 225 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 03 / 2014</b>	
Mailing Address 300 Evangeline St			Amount <span style="border:1px solid black; padding:2px;">18.00</span>	
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>0ce314ec-7ce5-4cc2-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 03 / 2014</b>	
Mailing Address 1700 E Part Ave			Amount <span style="border:1px solid black; padding:2px;">42.50</span>	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>de319cd3-1ab6-42d8-8</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 03 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">60.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 226 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.14	
City Searcy	State AR	Zip Code 72149	Transaction ID : e0b11f60-5153-49f2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Morgan E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 20.00	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 95fbf69e-e3e4-4812-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		54.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 227 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Morgan E Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.40</div>		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 7141b3ec-9717-4943-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 2936 Brushwood Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Springdale		State AR	Zip Code 72764		Transaction ID : 4ea0a5a3-5535-4c78-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">32.40</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 228 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2936 Brushwood Ave			Amount <span style="border:1px solid black; padding:2px;">3.00</span>		
City Springdale	State AR	Zip Code 72764	Transaction ID : e2cc8bf1-abf4-4740-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8f9f8e37-d4b1-4693-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">43.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : a220eb5e-8506-442b-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : dd56e78f-7e62-4c34-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 230 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Mailing Address    1900 Glen West Way			Amount <span style="border:1px solid black; padding:2px;">2.40</span>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72916</b>	Transaction ID : <b>322a1c87-c51b-4f3f-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Mailing Address    6101 NORA ST			Amount <span style="border:1px solid black; padding:2px;">45.00</span>		
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>6344e5e4-b7ef-4c86-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">47.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">1.20</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 8b5acbe3-54c8-44e4-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address P.O. Box 712			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Alexander	State AR	Zip Code 72002	Transaction ID : 14bca2b5-f0ac-4f02-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 232 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address <b>P.O. Box 712</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12.60</div>		
City <b>Alexander</b>		State <b>AR</b>	Zip Code <b>72002</b>		<b>Transaction ID : 4f9856bd-e5d7-410a-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address <b>202 East Park Ave Apt 40</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">35.00</div>		
City <b>Searcy</b>		State <b>AR</b>	Zip Code <b>72143</b>		<b>Transaction ID : cba06d03-6b5a-48e5-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">47.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 233 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 3c3c32b7-5d2e-4e90-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 308 West Main Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">115.00</div>		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 7d007ca5-87aa-4c2a-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">145.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 234 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>31.26</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>25d2ad77-36a5-4dd6-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>112.50</b>	
City <b>Plot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>8316d8aa-d024-449a-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>143.76</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 235 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 2002 E Park Ave Apt 40		Amount <b>35.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>6025b370-947e-424b-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 2002 E Park Ave Apt 40		Amount <b>22.20</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>17f17de0-4f69-4dad-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>57.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount <b>75.00</b>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>9391bc8b-2249-4ae1-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount <b>26.10</b>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>a728d1e5-24f9-4009-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>101.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 237 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : df13a742-65da-4387-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 50.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : fbf683d5-af46-486e-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 238 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">37.29</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 913afb97-3d70-4c1b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Odessa		State FL	Zip Code 33556		Transaction ID : 8b8808c5-d88e-47fe-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.29</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">110.00</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 482369ca-a3c5-4b99-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">21.90</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 75fc44c1-650e-40e3-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">131.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 29.40	
City Greensboro	State NC	Zip Code 27410	Transaction ID : c5bfb2bc-abdd-4c1f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1025 Cayley Ct		Amount 23.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 5cad9433-2276-4dba-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	138.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 242 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 0ffdd469-5cd0-4d91-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : d6294d8f-f1f0-4183-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : b135e5e4-dfc0-4b79-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 03 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 4eb7c1a1-2fa7-4204-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 244 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address    100 ASBURY CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">70.00</div>		
City <b>WINCHESTER</b>		State <b>VA</b>	Zip Code <b>22602</b>		<b>Transaction ID : 42339fb0-96fc-45ee-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address    100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">70.00</div>		
City <b>Winchester</b>		State <b>VA</b>	Zip Code <b>22602</b>		<b>Transaction ID : b051312c-1bfe-4725-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">140.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee <b>Facebook Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address P.O Box 10005 Department 415		Amount 100.00	
City Palo Alto	State CA	Zip Code 94303	Transaction ID : 4afa359c-9d0c-4b65-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Facebook Advertising		Category/ Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">180.00</div> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);"></div> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);"></div> </div> </div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 246 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 905 Lake Drive		Amount 48.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 8074a3bc-50b3-4eb9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address 905 Lake Drive		Amount 4.50	
City Shelby	State NC	Zip Code 28152	Transaction ID : b5ebf5b1-c8b4-46b7-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 247 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : e0eb58f5-b586-4106-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : dd90fb2b-f93e-414a-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">72.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 248 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Serena A Jones</b> Originally reported as 9/4 transaction, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>90.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>9588acb7-f40c-4b27-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b> Originally reported as 9/4 transaction, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>42.90</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>fe585ed6-fa85-4cdc-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>132.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
[Electronically Filed]			



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1254 Fleming St Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div>		
City Conway	State AR	Zip Code 72032	Transaction ID : f631dd72-6585-4fe2-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1254 Fleming St Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City Conway	State AR	Zip Code 72032	Transaction ID : e38daed2-ff3b-4f91-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">74.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Metairie	State LA	Zip Code 70006	Transaction ID : 10178e6a-cfdf-4a87-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0f0dc811-7138-433e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">110.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 251 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 03 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>26.40</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>a9ae56ea-8a1f-43f4-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>4967 Dysartville</b>		Amount <b>80.00</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>52b37db4-0f3e-404e-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>106.40</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 72874ab7-e963-46c7-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 8a8b974b-2a3d-4f2d-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8f6d3022-a40f-4802-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">18.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7bbe4058-20f6-425b-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>	
Mailing Address    307 Farris Rd Apt 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : b792c17b-4cc5-48fc-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>	
Mailing Address    307 Farris Rd Apt 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.40</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 53501a7e-1009-45e0-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">45.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 255 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>		
Mailing Address <b>1410 Bushville Dr</b>		Amount <b>55.00</b>		
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>4afff1fc-e71c-4a80-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>		
Mailing Address <b>1410 Bushville Dr</b>		Amount <b>8.70</b>		
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>5432b5a9-1ebe-4bf6-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>63.70</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 211 Pearl St		Amount 16.44	
City Drexel	State NC	Zip Code 28619	Transaction ID : c455da18-1b3c-40a4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	71.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature



Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>	
Mailing Address 3315 Cardinal Ridge Rd		Amount <div> <div>Amount</div> <div>24.30</div> </div>	
City Greensboro	State NC	Zip Code 27410	<b>Transaction ID : 34ecce6c-ccf4-4a79-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	64.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 38.10	
City Neosho	State MO	Zip Code 64850	Transaction ID : d977a675-e2d4-41bb-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	88.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 9.90	
City Charlotte	State NC	Zip Code 23215	Transaction ID : <b>ccc99254-bdaf-4d77-9</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	54.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 260 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>40.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>864c41ec-fe28-4a55-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>6.90</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>a5eb249a-b965-46c1-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>46.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 261 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Aaron L Griffin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>		
Mailing Address 4830 Westin Park Drive			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 507cf0e8-c4d1-40f8-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Aaron L Griffin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>		
Mailing Address 4830 Westin Park Drive			Amount <span style="border: 1px solid black; padding: 2px;">1.20</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : aa95e1b3-0a5f-4071-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 262 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6 Sherwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 8bb09aee-2e84-496c-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6 Sherwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">1.20</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 81d0df24-5864-41f1-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 263 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>c517f382-dc2f-4f74-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>0187b9fd-8468-41d3-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">29.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 264 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Mailing Address    3205 Pebble Beach Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.20</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : cfe4bb22-4b05-4c99-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Mailing Address    3205 Pebble Beach Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.18</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 6bd81b3e-edd5-4c39-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14.38</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>	
[Electronically Filed]			



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 265 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 04 / 2014         </div>	
Mailing Address <b>1434 South Avenue</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           100.00         </div>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	<b>Transaction ID : fb956eb7-92e5-40f3-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 04 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 04 / 2014         </div>	
Mailing Address <b>1434 South Avenue</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           13.50         </div>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	<b>Transaction ID : 913abf5f-dcaf-47e5-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 04 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           113.50         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           113.50         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y

 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Mailing Address    345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Metairie	State LA	Zip Code 70006	Transaction ID : <b>f71a7091-c905-41f8-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Mailing Address    345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">5.52</span>		
City Metairie	State LA	Zip Code 70006	Transaction ID : <b>858a698f-d0d1-4b92-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.52</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 267 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>		
Mailing Address <b>102 S Main Street Apt A2</b>			Amount <b>80.00</b>		
City <b>Berryville</b>		State <b>VA</b>	Zip Code <b>22611</b>		Transaction ID : <b>77eb7a7b-da17-44ba-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			District: <b>00</b> State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>		
Mailing Address <b>101 Asbury Ct</b>			Amount <b>35.00</b>		
City <b>Winchester</b>		State <b>VA</b>	Zip Code <b>22602</b>		Transaction ID : <b>f8a3106e-296e-4ebd-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			District: <b>00</b> State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>115.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Ms. Emily Buchanan</b>			Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 268 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>04</div><div>2014</div></div>	
Mailing Address 160 #50 Pompano Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 0422aa68-3380-4d3a-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>04</div><div>2014</div></div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>04</div><div>2014</div></div>	
Mailing Address 160 #50 Pompano Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.35</div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 4acf2e95-5ab5-480b-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>04</div><div>2014</div></div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52.35</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 269 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Theresa A Touchet</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 102 French Street #3			Amount 5.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 93752d58-f1ec-4aa5-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Theresa A Touchet</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 102 French Street #3			Amount 0.15		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 96929c48-389a-4fcc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	5.15
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>202 Rue Des Cajun</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City <b>Ville Platte</b>		State <b>LA</b>	Zip Code <b>70586</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>858c9e02-88c3-497d-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>202 Rue Des Cajun</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.30</span>		
City <b>Ville Platte</b>		State <b>LA</b>	Zip Code <b>70586</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>b3c13d0f-91a5-42b7-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">16.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 271 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1223 Silver Sage Dr Apt 303</b>		Amount <b>20.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>0ee41582-4d6f-41e2-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1223 Silver Sage Dr Apt 303</b>		Amount <b>4.14</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>d3462fb2-f2b5-4c1b-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>24.14</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 272 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 905 Lake Drive			Amount 70.00		
City Shelby	State NC	Zip Code 28152	Transaction ID : c3ad69ea-f028-46a6-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 905 Lake Drive			Amount 35.40		
City Shelby	State NC	Zip Code 28152	Transaction ID : ac306475-b05f-4923-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 273 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address <b>8822 Apple St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">60.00</div>		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70188</b>		<b>Transaction ID : 258a07ac-2482-4fb9-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address <b>543 S 2nd St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">60.00</div>		
City <b>Bellaire</b>		State <b>NC</b>	Zip Code <b>77401</b>		<b>Transaction ID : 47273fb6-1227-4db4-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">120.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 274 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address <b>543 S 2nd St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div>		
City <b>Bellaire</b>		State <b>NC</b>	Zip Code <b>77401</b>		<b>Transaction ID : 79b71d32-d79f-4368-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tammay Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address <b>924 N. Prieur St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div>		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70116</b>		<b>Transaction ID : 02617881-8685-46be-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 35.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 0c4251ed-b06f-4c64-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	47.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1010 S Dogwood Drive</b>		Amount <b>11.10</b>	
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>f418ec25-6a7e-4331-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1254 Fleming St Apt 6</b>		Amount <b>30.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>562b9b28-576b-4e2d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 277 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 04 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border:1px solid black; padding:2px;">20.40</span>	
City Conway	State AR	Zip Code 72032	Transaction ID : 43f600a8-b411-4f4b-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 04 / 2014	
Mailing Address 5827 Brighton Pl			Amount <span style="border:1px solid black; padding:2px;">25.00</span>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : ea272f32-6b86-4263-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">45.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 278 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Regina R Mouton</b> Originally reported as \$117, corrected with report		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>5827 Brighton Pl</b>		Amount <b>0.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>46b55fbc-4bb4-48fb-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>30.00</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>778d33ae-17c4-4bbd-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>30.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 279 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>1436 Haigs Creek Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">33.12</span>		
City    State    Zip Code <b>Elgin    SC    29045</b>		Transaction ID : <b>28d1326f-8331-4e0f-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>			
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>18065 Wayne Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City    State    Zip Code <b>Odessa    FL    33556</b>		Transaction ID : <b>5a776ea2-3aeb-4639-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.12</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 280 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>50.00</b>	
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>89f21084-f94d-40b8-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>22.20</b>	
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>d5c10653-afde-4fba-9</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>72.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 281 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>
Mailing Address <b>282 Falls Ave</b>		Amount <b>30.00</b>
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>30049795-44cc-4ae2-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>
Mailing Address <b>282 Falls Ave</b>		Amount <b>8.70</b>
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>1eb4fff4-4739-425f-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>38.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 282 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>50.00</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>5e2f3cf1-17f4-4a47-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>13.86</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>0270149a-0d0b-4ba7-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>63.86</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Glenda McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address    308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City    State    Zip Code Plot Mountain    NC    27041		Transaction ID : <b>0c5898fe-b571-488e-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Donald Dessauer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address    1804 Auburn Ave			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City    State    Zip Code Metaire    LA    70003		Transaction ID : <b>b5d2fea7-8291-4faa-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 284 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Donald Dessauer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1804 Auburn Ave			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City Metaire	State LA	Zip Code 70003	Transaction ID : f7d46042-ed1c-407c-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 1585df56-c30a-4c2f-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 285 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">27.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>3e87a040-7490-46cc-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>8c4790b1-51f8-4012-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">112.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 286 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 35.64	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e7209a09-891c-4ced-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 915 E Market Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : b9bed0f5-00b8-4cd3-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		80.64	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 287 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>				
Full Name of Payee <b>Benjamin Hernandez</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 04 / 2014	
Mailing Address 915 E Market Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">36.00</div>	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Mileage			Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 04 / 2014	
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">45.00</div>	
City Wilmington		State NC	Zip Code 28405	
Purpose of Expenditure Salary			Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">81.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> <span style="float: right;">[Electronically Filed]</span> Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 05 / 18 / 2015				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 288 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>		
Mailing Address 5133 Lord Bryon Road			Amount <span style="border:1px solid black; padding:2px;">22.20</span>		
City Wilmington	State NC	Zip Code 28405	Transaction ID : <b>0346e243-9f8c-4acb-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : <b>e2bff311-2f02-4840-a</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">52.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	



Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 27.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 8bf0739f-a3a2-4482-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		77.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 38ed8d6f-eb67-46da-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 6.30	
City Conway	State AR	Zip Code 72034	Transaction ID : fa129752-5de8-4f0c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	36.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 85.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 0ff1fd6b-ad45-4e14-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 35.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : c6488472-cb1b-4fa1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: -20px;">120.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Bradley K Kissinger</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address    3113 Imperial Valley Dr.			Amount <span style="border: 1px solid black; padding: 2px;">15.30</span>		
City Little Rock	State AR	Zip Code 72212	Transaction ID : <b>b3fdeaf6-c9b6-4820-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address    2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : <b>21e3a209-f0f8-4672-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.30</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 293 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 129f180e-d60c-43b9-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">1.50</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 517f071a-23c1-4f64-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">66.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 85.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d241bb01-2859-4f35-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	125.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 295 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">35.46</span>		
City    State    Zip Code Mt. Airy    NC    27030		Transaction ID : c5b4d798-452a-4802-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : 0eaa3bf5-64c8-4ff8-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.46</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 76c4221f-36f9-43ed-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	73.03
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 297 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>	
Mailing Address 2320 Saint Nick Dr			Amount <span style="border:1px solid black; padding:2px;">13.50</span>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1a0fde7c-4555-4a39-b	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>	
Mailing Address 1103 West Wilson Street			Amount <span style="border:1px solid black; padding:2px;">65.00</span>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 67750859-a0db-4164-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">78.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 298 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1103 West Wilson Street		Amount 26.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 41ca3b14-4f22-4bf6-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 448 Judson Dr		Amount 10.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : aaa334dc-5a47-4760-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : c1bb36bd-d6ca-4b6d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		48.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    22369 Ponderosa Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45.00</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 242835f6-6626-497f-8		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    22369 Ponderosa Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8.40</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : af9fd1b7-720a-4135-9		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">53.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 301 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>	
Mailing Address <b>111 Westchester Blvd Apt D4</b>		Amount <b>50.00</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	Transaction ID : <b>692ef90b-7adb-4f8a-9</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nathan D Wirebaugh</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>	
Mailing Address <b>7320 Red Maple Dr</b>		Amount <b>20.00</b>	
City <b>Holland</b>	State <b>OH</b>	Zip Code <b>43528</b>	Transaction ID : <b>168f6e50-1d38-473e-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>70.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 302 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>cc5f232f-5b24-42bd-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border:1px solid black; padding:2px;">47.40</span>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>ba49c9f8-aaed-4f27-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">137.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 303 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City State Zip Code Fort Smith AR 72916		Transaction ID : a98b2eaa-6fff-4fb1-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">9.30</span>		
City State Zip Code Fort Smith AR 72916		Transaction ID : 37224bc1-f4dc-411d-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1410 Bushville Dr		Amount 9.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ae62dc65-5911-42e9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">29.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 305 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>30.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>414bec00-f942-4045-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>6.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>b6847d45-d493-4e2b-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>36.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 306 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>44 Bell St</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>2717b7f8-bf1d-452d-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>44 Bell St</b>			Amount <span style="border: 1px solid black; padding: 2px;">27.60</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>f78ad2c8-88be-49c0-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.60</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 307 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>3bdc3e32-7b75-4428-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">27.60</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>6217b02d-5ef9-40f3-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 308 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Wayne Burckel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>		
Mailing Address 46 Glenwood Ave			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Harahan	State LA	Zip Code 70123	Transaction ID : <b>da7b7332-6364-4441-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Wayne Burckel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>		
Mailing Address 46 Glenwood Ave			Amount <span style="border: 1px solid black; padding: 2px;">0.90</span>		
City Harahan	State LA	Zip Code 70123	Transaction ID : <b>c4cdfa00-c9c5-4e6b-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 04 / 2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">25.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 309 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1ce14b1f-0abc-451b-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">24.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 06270cb0-8ec9-4301-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">104.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 310 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address 3007 Darden Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : a0899393-4e3f-445f-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address 407 randall Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 5b97f387-6b28-4676-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">140.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 78ba2272-d54c-42e6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 1095959.94 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	116.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 312 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 ASBURY CT			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : c694f6a4-cdfe-4594-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 86eb0ea7-fa8d-43dd-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 313 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address    100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		<b>Transaction ID : b0105099-786e-4eb0-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address    1208 Braeburn Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Charlotte		State NC	Zip Code 28211		<b>Transaction ID : b417a97d-b16c-4abd-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">140.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 314 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address    1208 Braeburn Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">4.20</div>		
City Charlotte		State NC	Zip Code 28211		Transaction ID : 0332fd77-bcca-4405-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address    100 Asbury CT 3200 Dam Neck Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : b27dc573-228e-4681-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">84.20</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 315 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b58e305c-ce4b-4261-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1025 Cayley Ct		Amount 35.00	
City High Point	State NC	Zip Code 27260	Transaction ID : ad904617-5d54-4b09-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div> <div>MM / DD / YYYY</div> <div>70.00</div> </div>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : f60297f5-0097-49fe-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Douglas A Nystrom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2000 W University St		Amount 20.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : b85c6034-f4ae-43ea-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	41.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 318 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 4902 Catawba Dr		Amount 30.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5dbb2ee0-2634-489a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 4902 Catawba Dr		Amount 15.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9757d816-962c-40ce-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		45.90		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Trent Minner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2000 W University St		Amount 20.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 89cd029f-6922-4900-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2000 W University St		Amount 6.30	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 61a23550-8336-47e1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>26.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 320 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>8d25eeed-5d68-40d7-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">22.17</span>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>02100fbe-cd99-4363-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 04 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.17</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 321 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1410 Bushville drive</b>		Amount <b>70.00</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>7e1b2fd7-2493-4a3f-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 04 / 2014</b>	
Mailing Address <b>1410 Bushville drive</b>		Amount <b>16.20</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>b7b42306-ceed-4d80-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 04 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>86.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 322 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : 0189416b-82fc-43ae-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : 0450dac2-01e0-41b4-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

Full Name of Payee <b>Holly M Tippet</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 595 Saint Gabrielle Dr		Amount 30.72	
City Florissant	State MO	Zip Code 63033	Transaction ID : c4336e20-bbeb-40e4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	70.72
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 324 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              . . / . . / . . . . . .           </div>	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 02 / 2014           </div>	
Mailing Address 915 E Market Ave		Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              4.50           </div>	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>acd5b956-7d4a-488c-9</b>
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 02 / 2014           </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              292370.62           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa A Touchet</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 02 / 2014           </div>	
Mailing Address 102 French Street #3		Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              11.00           </div>	
City New Orleans	State LA	Zip Code 70124	Transaction ID : <b>ba0e9acb-cda0-4ac6-9</b>
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 02 / 2014           </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              554635.78           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              15.50           </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              . . . . . . . .           </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . . . .              . . . . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 325 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Theresa A Touchet</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 02 / 2014</b>	
Mailing Address <b>102 French Street #3</b>		Amount <b>0.30</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70124</b>	Transaction ID : <b>a9f5b731-7038-4de3-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Delta Airlines</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>	
Mailing Address <b>P.O. Box 20706</b>		Amount <b>507.20</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30320</b>	Transaction ID : <b>aba8ffd8-d1d5-4753-9</b>
Purpose of Expenditure <b>travel expense</b>	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>507.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
[Electronically Filed]			

Full Name of Payee Vivid Ink Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 11710 Cloverland Ct		Amount 308.79	
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : 68da9c81-7e62-4712-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Lapel Stickers		Category/ Type 007	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Sound Source</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 229 23rd Street		Amount 811.50	
City Kenner	State LA	Zip Code 70062	Transaction ID : 1b903a29-96fa-4a6d-8
Purpose of Expenditure Sound Set-up for Metairie Event		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	1120.29
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 327 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Joseph P Thierfelder</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2411 Armstrong			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Gastonia	State NC	Zip Code 28054	Transaction ID : d6827220-5a2e-47b4-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joseph P Thierfelder</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2411 Armstrong			Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>		
City Gastonia	State NC	Zip Code 28054	Transaction ID : ed99e12e-182b-403f-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 328 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Eugene C. Vigil</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address 3217 Flowers Rd S Apt O			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Atlanta		State GA	Zip Code 30341		<b>Transaction ID : 76ef31ac-7a4f-482f-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>
Purpose of Expenditure Transportation		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Delta</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address C/S/Z			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">738.20</div>		
City Atlanta		State GA	Zip Code 30320		<b>Transaction ID : 0018a476-eeb8-4b69-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>
Purpose of Expenditure Travel Expenses		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">838.20</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 329 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Delta</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address C/S/Z			Amount <span style="border: 1px solid black; padding: 2px;">188.80</span>		
City Atlanta		State GA	Zip Code 30320		Transaction ID : c5f3b5d7-31ed-463c-b
Purpose of Expenditure Travel Expenses		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Southwest Airlines</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2702 Love Field Dr			Amount <span style="border: 1px solid black; padding: 2px;">237.05</span>		
City Dallas		State TX	Zip Code 75235		Transaction ID : f0c813f7-3529-4d51-8
Purpose of Expenditure Travel Expenses		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">425.85</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 330 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">28.50</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>2c8b2b3a-1209-454e-8</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">6.99</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>b77f2109-468c-4ac2-8</b>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">35.49</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 331 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Joanna Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 28.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : ec100d5e-ed06-4f77-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 168 Emerald Hill		Amount 50.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 0a78f576-db69-40c6-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 332 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Victoria A Gray</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2173 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City    Fayetteville		State    NC	Zip Code    28304		Transaction ID : 61210c60-bea2-4cbc-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Victoria A Gray</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2173 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City    Fayetteville		State    NC	Zip Code    28304		Transaction ID : 967bee06-0f53-4c2b-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">27.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 333 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Mailing Address 4967 Dysartville			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : 2430194d-059d-4be2-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Mailing Address 4967 Dysartville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : 437b8b31-31b0-4711-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 334 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 7.50	
City Morganton	State NC	Zip Code 28655	Transaction ID : 93ac709b-d36e-48dc-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1010 S Dogwood Drive			Amount 35.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : e77477ae-912e-4c24-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	42.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 05 / 2014</b>		
Mailing Address <b>1010 S Dogwood Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.00</div>		
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>ae89d851-f642-4cd4-9</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 05 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 05 / 2014</b>		
Mailing Address <b>106 Hillside St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.00</div>		
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>05a8bb21-b515-4e3c-a</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 05 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">74.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>106 Hillside St</b>			Amount <span style="border: 1px solid black; padding: 2px;">31.02</span>		
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>e924053f-7614-42c5-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>20679 Glenbrook Terrace</b>			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>	Transaction ID : <b>a1134237-4bda-444e-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.02</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 337 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>The Watson Voice &amp; Data Transmission Co</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 727 High St			Amount <span style="border: 1px solid black; padding: 2px;">1050.68</span>		
City Houma	State LA	Zip Code 70360	Transaction ID : 008a4139-b521-4e74-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Robocalls		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hope Benner</b> <small>Originally reported several times, should only have been once-IE</small>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2073 A Clover Ave			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Springdale	State AR	Zip Code 72764	Transaction ID : be30a1b5-011e-4cd1-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1085.68</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 338 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>		
Mailing Address 2073 A Clover Ave			Amount <span style="border: 1px solid black; padding: 2px;">2.07</span>		
City Springdale		State AR	Zip Code 72764		Transaction ID : 2585fd9e-a735-45b0-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 05 / 2014</span>		
Mailing Address 2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 745f4a5a-00bd-4961-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 05 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">27.07</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 339 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : f2696ffe-82ed-4d6e-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount <span style="border: 1px solid black; padding: 2px;">25.20</span>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : 3dc2b235-3fa2-4c7a-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 340 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYY</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>913a6ef0-f3b1-488c-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYY</span> <b>09 / 05 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>a0849fd3-3bc2-4afd-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYY</span> <b>09 / 05 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">46.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 341 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>	
Mailing Address 6424 Purple Martin Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 97d7bae6-357a-4f6c-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>	
Mailing Address 6424 Purple Martin Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.00</div>	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 4e4a425e-2805-4491-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">64.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 342 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 905 Lake Drive			Amount 63.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : e1e4b960-71c0-4077-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 905 Lake Drive			Amount 5.10	
City Shelby	State NC	Zip Code 28152	Transaction ID : 54e68c9f-3f7e-4609-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	68.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 343 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 05 / 2014</b>	
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border:1px solid black; padding:2px;">85.00</span>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>834b9453-3dc6-4e67-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 05 / 2014</b>	
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border:1px solid black; padding:2px;">15.00</span>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>2e4eafc0-f321-4ab8-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">100.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 344 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address <b>8822 Apple St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70188</b>		<b>Transaction ID : 6374c61c-a432-495d-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address <b>282 Falls Ave</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">30.00</div>		
City <b>Granite Falls</b>		State <b>NC</b>	Zip Code <b>28630</b>		<b>Transaction ID : de3bf18d-918b-483c-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 282 Falls Ave		Amount 9.60	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 5da10cb5-2544-42ba-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 60.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 4e6cec1e-0a5c-447f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	69.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 346 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Mailing Address    1410 Bushville drive			Amount <span style="border:1px solid black; padding:2px;">100.00</span>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>e5759e2e-fdfe-448f-a</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Mailing Address    1410 Bushville drive			Amount <span style="border:1px solid black; padding:2px;">23.40</span>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>41f01b03-4e0c-4f35-9</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">123.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 347 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>eac42608-b860-4a8d-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">32.10</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>8393064c-3e07-4b18-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 348 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Mailing Address    2073 A Clover Ave			Amount <span style="border: 1px solid black; padding: 2px;">9999.99</span> 35.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : fbc32f74-8f4f-4bd8-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99999999.99</span> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Mailing Address    2073 A Clover Ave			Amount <span style="border: 1px solid black; padding: 2px;">9999.99</span> 7.80		
City Springdale	State AR	Zip Code 72764	Transaction ID : a8dedb70-de5e-4622-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99999999.99</span> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">99999999.99</span> 42.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;">99999999.99</span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">99999999.99</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 349 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">42.50</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>921a8f59-ef18-423f-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.09</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>b462277f-c11c-4d08-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.59</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 350 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 6412 Osage Dr		Amount 40.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1c6a76d9-869f-42ec-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 6412 Osage Dr		Amount 20.82	
City North Little rock	State AR	Zip Code 72116	Transaction ID : df2c6f7f-7174-42fd-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 351 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 05 / 2014</span>		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 40461a53-88bd-4f07-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 05 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 05 / 2014</span>		
Mailing Address    3110 Brentwood Rd			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : a41ca38a-652b-4e71-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 05 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">130.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 21.60		
City Raleigh	State NC	Zip Code 27604	Transaction ID : c0890bb2-8d1d-484e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	48.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 353 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 70.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : dbd1f8a7-2855-4631-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 21.60	
City Raleigh	State NC	Zip Code 27604	Transaction ID : d7d0e0e2-eb99-4102-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	91.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 354 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>				
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 05 / 2014	
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div>	
City Wilmington		State NC	Zip Code 28405	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 92ad44b9-ee68-496c-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 05 / 2014	
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">16.80</div>	
City Wilmington		State NC	Zip Code 28405	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 2c81607b-2718-4667-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">76.80</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 05 / 18 / 2015		
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 355 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Andrea L Hammond</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>		
Mailing Address <b>12920 Kneeland Ln</b>			Amount <b>35.00</b>		
City <b>Neosho</b>		State <b>MO</b>	Zip Code <b>64850</b>		Transaction ID : <b>de60552c-9692-47d6-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>		
Mailing Address <b>110 W Pecan St</b>			Amount <b>75.00</b>		
City <b>Ville Platte</b>		State <b>LA</b>	Zip Code <b>70586</b>		Transaction ID : <b>6ebcec4b-f3fe-4fa2-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>110.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Ms. Emily Buchanan</b>			Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">38.40</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : <b>b2c6a235-ce49-4c0c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : <b>911aeb21-9eee-4b6a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">113.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Rebecca A Shearer</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>	
Mailing Address 6544 Arno College Grove Rd		Amount <div> <div></div> <div>30.00</div> </div>	
City College Grove	State TN	Zip Code 37046	<b>Transaction ID : 6c1f21a0-f7c0-4cf9-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>292370.62</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	68.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5639913d-7b32-47ed-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">70.50</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 136d39ab-33df-417a-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount \$ 65.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 24422cb3-9b6a-428c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 24.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 33d5c2be-8d9a-49e5-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	89.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>	
Originally reported as \$30, corrected with filing		Amount <div> <div>1.56</div> </div>	
Mailing Address 14 Ramblewood Drive		<b>Transaction ID : b41e49fc-0d25-46fb-b</b>	
City Covington	State LA	Zip Code 70435	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type	<div>002</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
District: <u>00</u> State: <u>LA</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>554635.78</div> </div>	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 56a65faf-13fc-4f31-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	26.56
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 361 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address    220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.67</div>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : <b>2c24c450-2319-49c7-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address    10112 Piney Creek Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City    State    Zip Code Charolette    NC    28215		Transaction ID : <b>e5ab7215-9ef1-4d4c-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">42.67</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 40.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 191f76cc-2e35-4a8c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		64.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 363 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">18.60</span>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : 701f4ec8-5aa3-4f9b-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 111 Westchester Blvd Apt D4			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Slidell		State LA	Zip Code 70458		Transaction ID : a88ee75d-3274-4e21-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 364 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>	
Mailing Address 22369 Ponderosa Dr.		Amount <b>50.00</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>8bb35de2-6fd5-4a93-b</b>
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>	
Mailing Address 22369 Ponderosa Dr.		Amount <b>5.70</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>882182f8-bca7-4b6c-a</b>
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>55.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 365 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : c7d51e97-43dc-4878-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gogo Air</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014		
Mailing Address 1250 N. ARLINGTON HEIGHTS RD 500			Amount <span style="border: 1px solid black; padding: 2px;">9.95</span>		
City ITASCA		State IL	Zip Code 60143		Transaction ID : 3c93273b-48c0-43d4-a
Purpose of Expenditure travel expense		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">34.95</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 366 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>White Fleet Cab</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3300 Bienville St			Amount <span style="border: 1px solid black; padding: 2px;">39.60</span>		
City New Orleans	State LA	Zip Code 70119	Transaction ID : 645c088d-5157-4840-a		
Purpose of Expenditure travel expense		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 424a4d17-091b-4a14-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">124.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 367 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>3007 Darden Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43.80</div>		
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	<b>Transaction ID : d032b5e5-bd64-450b-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>3007 Darden Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">85.00</div>		
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	<b>Transaction ID : 641e95a8-1ca6-4d5c-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">128.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 368 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2c083c65-b5b8-4689-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">20.52</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 71d25978-37a3-4daf-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.52</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 369 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    202 East Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City    State    Zip Code Searcy    AR    72143		Transaction ID : 9945f5b8-f8d5-4bec-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City    State    Zip Code Conway    AR    72032		Transaction ID : 28aedb8b-97af-4fd7-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Sandra L Clarke</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 30.00	
City Conway	State AR	Zip Code 72032	Transaction ID : <b>adedb71c-8759-476b-9</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	41.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 371 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 407 randall Dr		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e505aaa9-4781-48bc-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 407 randall Dr		Amount 33.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0de17864-d7b0-4f11-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 372 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014		
Mailing Address    2329 Runnymede Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 873563dc-5d88-42ab-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> President <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014		
Mailing Address    2357 Fancy Cap Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 60.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2be43234-094a-450b-8 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: NC <input type="checkbox"/> President <input type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 110.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee <b>Lourdes Lopez</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>	
Mailing Address 2936 Brushwood Ave		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Springdale	State AR	Zip Code 72764	<b>Transaction ID : 3435808d-2d0a-46be-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	67.06
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 374 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014		
Mailing Address 2936 Brushwood Ave			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.00		
City Springdale		State AR	Zip Code 72764		<b>Transaction ID : 56adc6ac-be71-4775-9</b>
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 72.50		
City Conway		State AR	Zip Code 72032		<b>Transaction ID : 791a4ce6-660f-4ae2-b</b>
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 75.50		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 6101 NORA ST		Amount 30.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 30a1b5b9-bcb8-4d49-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	63.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 376 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 6101 NORA ST		Amount 1.80	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 7d6aaba9-5c0c-4774-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 308 West Main Street		Amount 47.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 04a53617-4462-4a48-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 377 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>		
Mailing Address <b>308 West Main Street</b>		Amount <b>15.87</b>		
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>b913a48b-a142-496c-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>		
Mailing Address <b>308 West Main Street</b>		Amount <b>47.50</b>		
City <b>Plot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>d418a406-f569-4dd1-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>63.37</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
		[Electronically Filed]		

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 15cfd2a2-cd09-4a7a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	85.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 379 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 05 / 2014	
Mailing Address 4902 Catawba Dr			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c02e0919-487a-4622-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 05 / 2014	
Mailing Address 4902 Catawba Dr			Amount <span style="border:1px solid black; padding:2px;">15.30</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 62d791e2-b909-4e55-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">45.30</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	
Signature				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 380 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James W Blevins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 108 East Clinton St PO Box 410			Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : <b>0ca68978-bd4d-4172-9</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James W Blevins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 108 East Clinton St PO Box 410			Amount <span style="border: 1px solid black; padding: 2px;">10.32</span>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : <b>4b4bbb09-1f2a-4618-9</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.82</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>	
Mailing Address <b>9455 Snow Camp Road</b>		Amount <b>55.00</b>	
City <b>Snowcamp</b>	State <b>NC</b>	Zip Code <b>27349</b>	Transaction ID : <b>5191d8eb-57e6-425d-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 05 / 2014</b>	
Mailing Address <b>9455 Snow Camp Road</b>		Amount <b>8.10</b>	
City <b>Snowcamp</b>	State <b>NC</b>	Zip Code <b>27349</b>	Transaction ID : <b>6ed52b7e-8da7-4d6d-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 05 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>63.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>100 Asbury Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>29bc0a75-164b-449d-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Mailing Address <b>100 ASBURY CT</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>d40ab3b8-50b3-45d8-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 05 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 20.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fbb619cf-287c-4921-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">50.00</div> <div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>

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Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 100 Asbury Ct		Amount 10.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 50536451-e2fe-4f33-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	30.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014		
Mailing Address 44 Bell Street Ext			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3fe9a405-44c0-4913-8		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014		
Mailing Address 44 Bell Street Ext			Amount <span style="border: 1px solid black; padding: 2px;">18.60</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6d494a45-e5ab-4778-b		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015	

Full Name of Payee <b>Carla A Wells</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2013 Woodwind Way		Amount 4.50	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 98c6fe16-a455-4062-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>24.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 110 Maryella Dr		Amount 55.00	
City	State	Zip Code	Transaction ID : 3ff118e3-8af7-4494-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	75.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 388 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 110 Maryella Dr		Amount 38.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : 540f0469-0324-4f56-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1410 Bushville Dr		Amount 50.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 808a1dbd-6d13-462f-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 389 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 06 / 2014		
Mailing Address 1410 Bushville Dr			Amount <span style="border:1px solid black; padding:2px;">11.40</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : <b>b4d5929c-062e-4e95-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 06 / 2014		
Mailing Address 4967 Dysartville			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : <b>237f6aef-7739-42b1-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">91.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 390 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : b6ea79bf-b834-4b72-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 71b0804d-a65b-4386-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 391 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>William M Goldsmith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>211 Pearl St</b>		Amount <b>30.00</b>	
City <b>Drexel</b>	State <b>NC</b>	Zip Code <b>28619</b>	Transaction ID : <b>d0777446-1268-4a0b-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>William M Goldsmith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>211 Pearl St</b>		Amount <b>9.48</b>	
City <b>Drexel</b>	State <b>NC</b>	Zip Code <b>28619</b>	Transaction ID : <b>7cef31e5-cc55-47d1-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>39.48</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Kristen S Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 42 Oak Creek Drive		Amount 29.10	
City Conway	State AR	Zip Code 72032	Transaction ID : f2238356-eacc-4f68-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	109.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 393 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>	
Mailing Address    6412 Osage Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City    State    Zip Code North Little rock    AR    72116	<b>Transaction ID : 54900cf9-a172-4a95-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>	
Mailing Address    1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>	
City    State    Zip Code Conway    AR    72032	<b>Transaction ID : d3668e0c-fc96-437f-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">135.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 394 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 18.00	
City Conway	State AR	Zip Code 72032	Transaction ID : abee57a7-d4db-4f3f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>John H Travis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1618 Davis St		Amount 80.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 618d55a8-ba3f-48bd-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		98.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 395 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Darlene Aguiard</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address 708 Keed Avenue			Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 6174ca6e-a05a-440e-9		
Purpose of Expenditure Photography for Press Conference		Category/Type <span style="border: 1px solid black; padding: 2px;">007</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Canes Chicken Fingers</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address 4036 Veterans Memorial Blvd			Amount <span style="border: 1px solid black; padding: 2px;">190.29</span>		
City Metairie	State LA	Zip Code 70002	Transaction ID : 8d368d0e-6717-4219-8		
Purpose of Expenditure 200 Chicken Fingers for Press Conference		Category/Type <span style="border: 1px solid black; padding: 2px;">007</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">690.29</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 396 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Marion Anderson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>		
Mailing Address 607 Chickadee St Apt 8			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">65.00</div>		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 0bb0a26c-23f7-4ed5-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Aaron W Heien</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>		
Mailing Address 1730 Sweetspire dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : d09fb3a8-52a0-427f-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">145.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

Full Name of Payee <b>Dunkin Donuts</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 4015 Veterans Memorial Blvd PC#351729		Amount 17.38	
City Metairie	State LA	Zip Code 70006	Transaction ID : 548ea4f0-f99e-44f8-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Donuts for Press Conference		Category/ Type 007	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	52.48
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 398 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Rouses</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address 2900 Veterans Memorial Blvd			Amount <span style="border:1px solid black; padding:2px;">12.49</span>		
City Metairie	State LA	Zip Code 70002	Transaction ID : 5ad94bf7-9c45-4656-9		
Purpose of Expenditure Plates and Napkins for Campaign Event		Category/ Type <span style="border:1px solid black; padding:2px;">007</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Acme Oyster House</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address 3000 Veterans Memorial Blvd			Amount <span style="border:1px solid black; padding:2px;">111.78</span>		
City Metairie	State LA	Zip Code 70002	Transaction ID : 206eae1e-e90d-4d75-8		
Purpose of Expenditure Lunch with Speaker for Press Conference		Category/ Type <span style="border:1px solid black; padding:2px;">007</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">124.27</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015		
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 399 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kalynn J Strachan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address <b>1700 N Hughes St Apt 16</b>			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72207</b>	Transaction ID : <b>488b62bb-9fb9-4ab0-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address <b>110 Teresa Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City <b>Pocahontas</b>	State <b>AR</b>	Zip Code <b>72455</b>	Transaction ID : <b>229ae67d-c7e6-47d4-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">110.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 400 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 Teresa Lane			Amount <span style="border: 1px solid black; padding: 2px;">32.10</span>		
City Pocahontas		State AR	Zip Code 72455		Transaction ID : 23e02878-5ef1-446b-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3300 Asher Ave			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 9ddfe061-ab99-4efd-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">102.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>Jerome M Weil</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 06 / 2014</div> </div>	
Mailing Address 101 Durham Drive		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City Lafayette	State LA	Zip Code 70508	<b>Transaction ID : 9e091e1d-40f9-45a2-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 06 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; text-align: right;">89.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;"></div>

Signature

Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2565 Shire Circle		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 70cea2fa-e978-4a26-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	130.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 403 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>80.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>1cbb409a-1e34-43ea-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>104.10</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>96457fdd-5b60-4141-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>184.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 404 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dwayne G Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address 1700 N Hughes St Apt 17		Amount 70.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : <b>ddf04f03-5d47-4c87-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Dwayne G Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address 1700 N Hughes St Apt 17		Amount 21.90	
City Little Rock	State AR	Zip Code 72207	Transaction ID : <b>2ab772f0-c3a0-4942-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 405 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Douglas A Nystrom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2000 W University St			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : 78c4fcd6-9164-4cb1-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Matt Curran</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1537 Country Lane			Amount <span style="border: 1px solid black; padding: 2px;">41.50</span>		
City Kernersville		State NC	Zip Code 27284		Transaction ID : ca8d82a1-78d3-4784-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Matt Curran</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1537 Country Lane			Amount <span style="border: 1px solid black; padding: 2px;">11.94</span>		
City Kernersville	State NC	Zip Code 27284	Transaction ID : a03cf66b-ca34-4447-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Katlyn P Bernardini</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1326 East Field St			Amount <span style="border: 1px solid black; padding: 2px;">93.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : ece039a1-1d2c-47d7-a		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">104.94</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 407 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee <b>Katlyn P Bernardini</b> <div style="font-size: small; margin-top: 5px;">Amount originally reported on 48 hour was \$11.79, changed to</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Mailing Address 1326 East Field St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">39.30</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 0f23099a-844d-40d7-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Lisa a Bernardini</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Mailing Address 1326 East Field St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">93.00</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 1cb87e2f-eb33-4325-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">132.30</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> <div style="text-align: center; margin-top: 5px;"><i>[Electronically Filed]</i></div>	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 33.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : dd11298e-d00a-49ca-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	45.29
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">8.07</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 483cd24c-1114-4ab5-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James W Blevins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 108 East Clinton St PO Box 410			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 27015815-2eb1-44cc-8
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">38.07</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 410 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James W Blevins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 108 East Clinton St PO Box 410			Amount <span style="border: 1px solid black; padding: 2px;">10.74</span>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : c6065ad3-ce9e-4913-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address P.O. Box 712			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Alexander		State AR	Zip Code 72002		Transaction ID : feab2401-b6d7-4734-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.74</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 411 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address P.O. Box 712		Amount 24.30	
City Alexander	State AR	Zip Code 72002	Transaction ID : cf1e4d0a-8dc9-4d0e-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lindsey E Helms</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 301 N Clinic Apt 3		Amount 85.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 2898d645-cc24-41b0-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		109.30	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 412 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Lindsey E Helms</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 301 N Clinic Apt 3		Amount 87.15		
City Searcy	State AR	Zip Code 72143	Transaction ID : b63c21f5-1053-4f1c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Joseph P Thierfelder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 2411 Armstrong		Amount 65.00		
City Gastonia	State NC	Zip Code 28054	Transaction ID : 71461249-99c8-4d6b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		152.15		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 413 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Joseph P Thierfelder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>2411 Armstrong</b>		Amount <b>12.60</b>	
City <b>Gastonia</b>	State <b>NC</b>	Zip Code <b>28054</b>	Transaction ID : <b>c47a323a-803e-4060-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nicole N Ball</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>2528 Mill Creek Rd</b>		Amount <b>25.00</b>	
City <b>Newport</b>	State <b>NC</b>	Zip Code <b>28570</b>	Transaction ID : <b>e030a65b-ed66-44dc-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>37.60</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Nicole N Ball</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address <b>2528 Mill Creek Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">13.80</span>		
City <b>Newport</b>	State <b>NC</b>	Zip Code <b>28570</b>	Transaction ID : <b>a26a732b-2acc-4ee4-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address <b>2134 Tobaccoville Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">33.50</span>		
City <b>Rural Hall</b>	State <b>NC</b>	Zip Code <b>27045</b>	Transaction ID : <b>9f124856-cb2a-4bfb-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 415 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : ea4d95b3-64c9-4640-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City METAIRIE	State LA	Zip Code 70003	<b>Transaction ID : 3eab94b5-a947-4019-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">130.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 416 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border:1px solid black; padding:2px;">1.50</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 4f4fed4-fdf9-4ced-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border:1px solid black; padding:2px;">4.30</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 659bd3a9-117a-4729-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">5.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 5.16	
City Conway	State AR	Zip Code 72034	Transaction ID : 852f7970-0ee6-4d3a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 06 / 2014</div> </div>	
Originally reported against Kay Hagan, corrected with filing		Amount <div> <div></div> <div>85.00</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Transaction ID : <b>4e369783-85fd-4ab2-b</b>	
City Searcy	State AR	Zip Code 72143	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 06 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type	<div>001</div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	90.16
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 418 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Shelbi L Randall</b> <div style="text-align: right; font-size: small;">Originally reported against Kay Hagan, corrected with filing</div>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 06 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount <div style="border-bottom: 1px solid black; width: 100px;"></div> 38.22		
City Searcy		State AR	Zip Code 72143		<b>Transaction ID : d18edb92-85e8-413e-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 06 / 2014
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100px;"></div> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patricia G Tiziani</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 06 / 2014		
Mailing Address 221 Williamsburg Dr			Amount <div style="border-bottom: 1px solid black; width: 100px;"></div> 20.00		
City Mandeville		State LA	Zip Code 70471		<b>Transaction ID : 10f8c827-f955-4266-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100px;"></div> 58.22		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border-bottom: 1px solid black; width: 100px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <div style="text-align: right; font-size: small;">Ms. Emily Buchanan</div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 419 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>Patricia G Tiziani</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address    221 Williamsburg Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : f92154ec-2a67-4d8a-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Trent Minner</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address    2000 W University St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">35.00</div>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : f0981887-1d97-4468-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought    292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">42.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date    05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 420 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>21.09</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>68c6cd88-0939-4b9f-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Peter D Tiziani</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address 221 Williamsburg Dr		Amount <b>20.00</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>3f679230-21e3-4995-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 421 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 3007 Darden Rd		Amount 75.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 38d55b6f-b756-42e0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 3007 Darden Rd		Amount 29.70		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 42e066bb-78c9-4bee-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		104.70		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 422 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 768e331f-e45b-4969-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address    20679 Glenbrook Terrace			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Sterling	State VA	Zip Code 20165	Transaction ID : 5acf7dad-e7d4-41e3-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">110.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 423 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City Sterling		State VA	Zip Code 20165		<b>Transaction ID : 6ba6a903-e244-4702-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cory Bryson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 216 Dogwood Ln			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Belmont		State NC	Zip Code 28012		<b>Transaction ID : 2d3c167e-c2e5-474c-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">110.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 424 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Cory Bryson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>216 Dogwood Ln</b>			Amount <span style="border:1px solid black; padding:2px;">15.00</span>		
City <b>Belmont</b>	State <b>NC</b>	Zip Code <b>28012</b>	Transaction ID : <b>eeec41fe-a900-4097-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>6610 Walcott Rd</b>			Amount <span style="border:1px solid black; padding:2px;">15.00</span>		
City <b>Paragoud</b>	State <b>AR</b>	Zip Code <b>72450</b>	Transaction ID : <b>a62dbeb5-4571-4e17-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">30.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>		
Mailing Address 6610 Walcott Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2.97</div>		
City Paragoud		State AR	Zip Code 72450		Transaction ID : d2c11277-973f-4f89-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">70.00</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 82f23963-85ac-4186-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">72.97</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 426 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 369ce79f-5862-463c-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 92ddb735-0d5c-4d6c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 427 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 10.20	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 2a28ead4-9802-41d1-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mattie F Grant</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1700 N Hughes St Apt 17		Amount 70.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : 8583b676-6080-4cc1-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Signature

Full Name of Payee <b>Kay Davis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 5117 Carr Dr		Amount 12.00	
City Grifton	State NC	Zip Code 28530	Transaction ID : 0e492e63-6a68-40e5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 12.00 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	54.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 429 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>30.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>2e7cc953-d801-4e22-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>39.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>96906c12-ba2a-4e62-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>69.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ingrid Y Batton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>1700 N Hughes St Apt 8</b>		Amount <b>70.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72207</b>	Transaction ID : <b>1cac9d3d-3da1-4230-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ingrid Y Batton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>	
Mailing Address <b>1700 N Hughes St Apt 8</b>		Amount <b>21.90</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72207</b>	Transaction ID : <b>29c79555-e5d7-46f3-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>91.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 431 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Thomas Dias</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    110 Maryella Dr			Amount <span style="border:1px solid black; padding:2px;">65.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 503c5c81-5380-40ab-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Thomas Dias</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    110 Maryella Dr			Amount <span style="border:1px solid black; padding:2px;">63.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : a99b907e-8aef-495b-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">128.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3a929393-00a0-42a9-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">33.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 53d19ac2-b710-4e10-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">113.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City	State	Zip Code	Transaction ID : 888427cb-3d66-4a24-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	70.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 434 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>
Mailing Address <b>205 Medallion Circle</b>		Amount <b>80.00</b>
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>1c09c70d-3c3d-49dd-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 06 / 2014</b>
Mailing Address <b>205 Medallion Circle</b>		Amount <b>25.50</b>
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>1d5ab3f0-c264-4bfd-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>105.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 435 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Chris D King</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1700 N Hughes St Apt 17</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Little Rock</b>		State <b>AR</b>	Zip Code <b>72207</b>		Transaction ID : <b>4440ccfd-386f-4cad-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>220 Doucet Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>		
City <b>Lafayette</b>		State <b>LA</b>	Zip Code <b>70503</b>		Transaction ID : <b>79f9de2d-2062-4f78-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">175.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 436 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">6.09</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c6ea2e88-5a5c-404d-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Courtney Goldstein</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Mailing Address    1809 N Woodlawn			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City Metairie	State LA	Zip Code 70001	Transaction ID : ed2ea6be-4d0f-4b2a-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 06 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.59</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 437 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Courtney Goldstein</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1809 N Woodlawn			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>be886db5-3b98-4784-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    22369 Ponderosa Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>f1b2cbdd-9821-4991-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">59.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 438 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>		
Mailing Address    22369 Ponderosa Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">6.60</div>		
City    State    Zip Code Mandeville    LA    70471		Transaction ID : c69b3da2-9f15-4a15-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type    002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Shelbi L Randall</b> Originally reported against Kay Hagan, corrected with filing			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>		
Mailing Address    202 East Park Ave Apt 40			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">85.00</div>		
City    State    Zip Code Searcy    AR    72143		Transaction ID : 0be267fe-7ee4-4db2-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 06 / 2014</div>			
Purpose of Expenditure Salary		Category/Type    001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">91.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i> <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 439 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Shelbi L Randall</b> <div style="text-align: right; font-size: small;">Originally reported against Kay Hagan, corrected with filing</div>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 202 East Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">38.22</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 157920b6-e4b5-48c3-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 121 Meadowview Drive			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Boone		State NC	Zip Code 28607		Transaction ID : 032a24a3-ce8e-4643-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.22</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 440 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address 121 Meadowview Drive			Amount <span style="border: 1px solid black; padding: 2px;">22.20</span>		
City State Zip Code Boone NC 28607		Transaction ID : 72b03b42-2296-474d-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City State Zip Code Boone NC 28607		Transaction ID : 6a2c4a63-7969-41c3-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 06 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">97.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		



Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1700 E Part Ave		Amount 77.50	
City	State	Zip Code	Transaction ID : 7caf8b76-68c3-4672-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		115.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee <b>Heather N Montgomery</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 100.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 154ba92e-c517-4475-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	157.87
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Kinsey E Beck</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 59.10	
City Harvest	State AL	Zip Code 35749	Transaction ID : bc63d2d5-bb6d-45f4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	159.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 615 Live Oak Dr			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City searcy	State AR	Zip Code 72143	Transaction ID : 5b3674ef-c156-42a4-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 4b26aee0-ea55-4b06-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">145.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>		
Mailing Address <b>102 S Main Street Apt A2</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>		
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>a194b8db-5c18-432f-a</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Alexa S Dudley</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>		
Mailing Address <b>4367 Splitlog Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City <b>Goodman</b>	State <b>MO</b>	Zip Code <b>64843</b>	Transaction ID : <b>89752a94-0332-428b-b</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 06 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">112.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 446 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sarinda S Dudley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4367 Splitlog Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Goodman		State MO	Zip Code 64843		Transaction ID : 8a9d299c-7090-4c01-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sarinda S Dudley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4367 Splitlog Rd			Amount <span style="border: 1px solid black; padding: 2px;">24.60</span>		
City Goodman		State MO	Zip Code 64843		Transaction ID : 45099729-be19-478d-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 447 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7151 Mullins Drive			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Saltville		State VA	Zip Code 24370		Transaction ID : 65e83959-05fd-43df-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7151 Mullins Drive			Amount <span style="border: 1px solid black; padding: 2px;">42.30</span>		
City Saltville		State VA	Zip Code 24370		Transaction ID : c0143824-7e89-4e21-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">132.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">135.00</span>		
City Odessa	State FL	Zip Code 33556	Transaction ID : 4cd9201d-b2bc-4151-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">135.00</span>		
City Elgin	State SC	Zip Code 29045	Transaction ID : 06cbe97f-8ce4-487d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">270.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	



Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 06 / 2014</div> </div>	
Mailing Address 1410 Bushville drive		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : 9d53c69d-3ce2-4358-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 06 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	103.04
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 450 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1410 Bushville drive			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7bfa13f0-a5ab-4fcc-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    804 Roundabout Circle			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : f44e60c5-256c-4537-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 804 Roundabout Circle			Amount <span style="border: 1px solid black; padding: 2px;">42.90</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : bab16650-51b6-46e9-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : b79b465f-9ece-4cbf-9
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">102.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 452 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 7.80	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 31d2fe9d-dfd7-4e82-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 100 Asbury Ct		Amount 20.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1c640e57-3600-43ae-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		27.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City    Winchester		State    VA	Zip Code    22602		Transaction ID : a9286181-79fd-44d2-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Peter Sahuc</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    107 Phillip Ave			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City    Lafayette		State    LA	Zip Code    70503		Transaction ID : abd28d89-3104-4b3a-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 454 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Peter Sahuc</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 07 / 2014		
Mailing Address    107 Phillip Ave			Amount <span style="border: 1px solid black; padding: 2px;">81.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c16b7fdf-ac20-49c0-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 07 / 2014		
Mailing Address    168 Graduate Lane Apt 324			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Boone	State NC	Zip Code 28607	Transaction ID : 111290bc-04d8-4a79-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">151.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					

Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 07 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount <span style="border: 1px solid black; padding: 2px;">42.60</span>		
City Boone	State NC	Zip Code 28607	Transaction ID : a8a1d394-37ad-4acb-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 07 / 2014		
Mailing Address 250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 62f44f8b-aae8-437e-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">82.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 456 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 250 JS Brewton rd		Amount 2.40		
City goldonna	State LA	Zip Code 71031	Transaction ID : 45f920de-f8cb-4af6-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jon Lynch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 6108 Harkins Ave		Amount 20.00		
City Little Rock	State AR	Zip Code 72210	Transaction ID : d539aa09-8bbf-43c0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		22.40		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015
Signature				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 457 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Jon Linch</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 06 / 2014</b>	
Mailing Address <b>6108 Harkins Ave</b>			Amount <span style="border:1px solid black; padding:2px;">14.40</span>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72210</b>	Transaction ID : <b>32923ed8-528d-45a1-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 07 / 2014</b>	
Mailing Address <b>202 East Park Ave Apt 40</b>			Amount <span style="border:1px solid black; padding:2px;">45.00</span>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>c3bb0743-d031-4d5e-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">59.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 458 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>100.00</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>63d2bcf2-79bc-43ee-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>79.47</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>ed8e6fe2-eee7-48b3-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>179.47</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 459 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>18065 Wayne Rd</b>		Amount <b>100.00</b>	
City <b>Odessa</b>	State <b>FL</b>	Zip Code <b>33556</b>	Transaction ID : <b>7e83a69d-e8a6-44cd-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>2329 Runnymede Dr</b>		Amount <b>50.00</b>	
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>61a2df30-53bb-4063-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>150.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 460 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>50.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>5c931ceb-6db5-4895-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: District: <b>00</b> State: <b>LA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		2014	
Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>36.90</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>f4a24932-df85-4811-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: District: <b>00</b> State: <b>LA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		2014	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>86.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 461 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">09</div> / <div><div style="border: 1px solid black; padding: 2px;">07</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.00</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 6b2b31c4-77b1-4c16-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">09</div> / <div><div style="border: 1px solid black; padding: 2px;">07</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">09</div> / <div><div style="border: 1px solid black; padding: 2px;">07</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.80</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 7df0c3b1-0d43-41b3-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">09</div> / <div><div style="border: 1px solid black; padding: 2px;">07</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">66.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: center;">[Electronically Filed]</div>			Date <div><div style="border: 1px solid black; padding: 2px;">05</div> / <div><div style="border: 1px solid black; padding: 2px;">18</div> / <div><div style="border: 1px solid black; padding: 2px;">2015</div></div></div> </div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Mailing Address 2002 E Park Ave Apt 40		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>45.00</span> </div> </div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : f1b3b5bb-04e5-4ff0-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>292370.62</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Mailing Address 2002 E Park Ave Apt 40		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>41.01</span> </div> </div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 65cdc92d-d01a-4b1f-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>292370.62</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>86.01</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.92	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e7e6b120-9477-4385-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	21.92
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 464 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address 300 Evangeline St		Amount <b>45.00</b>	
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>9d6a0967-9821-45cd-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2014</b>	
Mailing Address 300 Evangeline St		Amount <b>14.70</b>	
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>8d296b0a-0665-47dd-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>59.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 465 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Mr. Elizabeth Allison</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>		
Mailing Address    157 Bishop Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25.00</div>		
City Avondale		State LA	Zip Code 70094		<b>Transaction ID : 33a17a43-2745-4364-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura Rose Porter</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>		
Mailing Address    227 Fairgrounds Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25.00</div>		
City Natchitoches		State LA	Zip Code 71457		<b>Transaction ID : 7282ae9f-7625-4bd6-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 466 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Laura Rose Porter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 07 / 2014</b>		
Mailing Address <b>227 Fairgrounds Road</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City <b>Natchitoches</b>	State <b>LA</b>	Zip Code <b>71457</b>	Transaction ID : <b>210b5730-4143-475c-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 07 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 07 / 2014</b>		
Mailing Address <b>1103 West Wilson Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>e1c1b66f-4174-4fea-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 07 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 467 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>37.50</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>ca057059-d157-474c-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2014</b>	
Mailing Address <b>111 Westchester Blvd Apt D4</b>		Amount <b>50.00</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	Transaction ID : <b>bbc13941-fba6-44fa-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 07 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>87.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 468 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 915 E Market Ave		Amount 62.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : d6a38eae-0d81-4b56-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 915 E Market Ave		Amount 41.70	
City Searcy	State AR	Zip Code 72149	Transaction ID : c48cb659-a2fa-43dc-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 469 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>eee085fd-3518-497e-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>			Amount <span style="border:1px solid black; padding:2px;">10.50</span>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>05182493-99e7-4366-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 05 / 2014</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">60.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 470 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3606da39-5f4f-4f92-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">18.90</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 509adf38-af07-4abf-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">93.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 471 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address    168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City Forest City		State NC	Zip Code 28043		<b>Transaction ID : 34f695c5-3c46-4622-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address    1900 Glen West Way			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">30.00</div>		
City Fort Smith		State AR	Zip Code 72916		<b>Transaction ID : ddb03878-a2d8-478b-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">110.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1900 Glen West Way</b>			Amount <span style="border: 1px solid black; padding: 2px;">4.20</span>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72916</b>		Transaction ID : <b>bc433921-c0f6-43b6-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Shanon Snyder</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>2701 Winifred</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Metairie</b>		State <b>LA</b>	Zip Code <b>70003</b>		Transaction ID : <b>1bcd9b57-3248-4f3c-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">34.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 473 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Shanon Snyder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2701 Winifred		Amount 4.20	
City Metairie	State LA	Zip Code 70003	Transaction ID : 0bfde839-6cb8-40e7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Uber Technologies, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 182 Howard St Ste 8		Amount 41.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : a78f0628-8166-4e30-8
Purpose of Expenditure Transportation	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 474 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Uber Technologies, Inc.</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>	
Mailing Address    182 Howard St Ste 8		Amount <div style="border: 1px solid black; padding: 2px;">           45.00         </div>	
City San Francisco	State CA		
Purpose of Expenditure Transportation		Category/ Type    004	Transaction ID : 765caeb8-0381-4bb2-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">           554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Hertz</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>	
Mailing Address    P.O. Box 26120		Amount <div style="border: 1px solid black; padding: 2px;">           93.23         </div>	
City Oklahoma City	State OK		
Purpose of Expenditure Travel		Category/ Type    004	Transaction ID : f35da4fc-2aea-41d9-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">           554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">           138.23         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">           138.23         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 6.30	
City Conway	State AR	Zip Code 72034	Transaction ID : e5da20c3-7ec8-47f0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other
Calendar Year-To-Date Per Election for Office Sought		292370.62	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	46.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 7214 Duchamp Dr		Amount <div> <div>_____</div> <div>45.00</div> </div>	
City Charlotte	State NC	Zip Code 23215	<b>Transaction ID : e2cdb94c-27ec-4eb8-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	75.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.50</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 249372a2-0dea-470b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3 Girard			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 1b54694d-dfff-40f8-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3 Girard			Amount <span style="border: 1px solid black; padding: 2px;">8.40</span>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 6c2cdd61-423d-4ec4-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Regina R Mouton</b> originally filed as \$116.70, corrected with filing			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1e429cbf-74eb-480f-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 479 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Regina R Mouton</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Mailing Address <b>5827 Brighton Pl</b>		Amount <b>12.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>ccfe0849-61bd-4a69-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Erin L Hogan</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Mailing Address <b>110 Teresa Lane</b>		Amount <b>70.00</b>		
City <b>Pocahontas</b>	State <b>AR</b>	Zip Code <b>72455</b>	Transaction ID : <b>d4610c52-e5f0-4080-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>82.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		Date <b>05 / 18 / 2015</b>		
		[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 Teresa Lane			Amount <span style="border: 1px solid black; padding: 2px;">45.30</span>		
City Pocahontas		State AR	Zip Code 72455		Transaction ID : 2f52669e-5f08-4216-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 5286e799-b149-4dd5-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1410 Bushville Dr		Amount 15.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 5148e342-b981-4191-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1410 Bushville Dr		Amount 4.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : d8ce578c-bec2-471f-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 482 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Nathan S Shaw</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 5726 NC Hwy 66 S		Amount 45.00	
City King	State NC	Zip Code 27021	Transaction ID : 1a81edbc-a6e5-41a4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nathan S Shaw</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 5726 NC Hwy 66 S		Amount 25.80	
City King	State NC	Zip Code 27021	Transaction ID : ba4c2921-4d76-4eae-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		70.80	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <b>70.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>227322bd-23a6-42e7-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <b>31.80</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>a478a887-b769-42d1-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>101.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address 112 apache Dr		Amount <b>50.00</b>	
City Search	State AR	Zip Code 72149	Transaction ID : ead9d936-820f-4d7d-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address 112 apache Dr		Amount <b>18.60</b>	
City Search	State AR	Zip Code 72149	Transaction ID : caf43855-4082-4ae5-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>68.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 485 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>		Amount <b>80.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>90095a7a-4d5a-4916-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>		Amount <b>15.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>a48d34e6-a415-4a96-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>95.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Charolette	State NC	Zip Code 28215	<b>Transaction ID : 2697e16e-42b0-4d68-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	75.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">27.60</span>		
City Charolette	State NC	Zip Code 28215	Transaction ID : b2692274-a1a0-40ab-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7769d6c2-a789-4c84-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">107.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : df681ecf-eb8b-4be9-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	150.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 489 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <b>70.50</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>3de3a235-9a06-4061-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Mailing Address <b>8822 Apple St</b>		Amount <b>55.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>a05ee457-b9a0-42cf-8</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>125.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 490 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>	
Mailing Address 2090 Fancy Gap Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           70.00         </div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : fdc1fc65-a347-4019-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>	
Mailing Address 2090 Fancy Gap Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           29.01         </div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 93721c9e-dabd-4866-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 08 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           99.01         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           00.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           99.01         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 491 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address    2320 Saint Nick Dr			Amount 60.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 6c949f90-f7c6-4bee-9	
Purpose of Expenditure Salary		Category/ Type    001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address    2320 Saint Nick Dr			Amount 12.90	
City New Orleans	State LA	Zip Code 70131	Transaction ID : c07c5049-d2d6-489f-a	
Purpose of Expenditure Mileage		Category/ Type    002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	72.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 2.64	
City Conway	State AR	Zip Code 72034	Transaction ID : 0e48e4db-6a58-406d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		34.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 493 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2073 A Clover Ave			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Springdale		State AR	Zip Code 72764		Transaction ID : 3d1f602e-8dc2-4130-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">292370.62</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2073 A Clover Ave			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Springdale		State AR	Zip Code 72764		Transaction ID : cc865b4a-91dc-4cac-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">292370.62</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 282 Falls Ave		Amount 16.80	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 51c54556-13ea-4995-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>46.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 495 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Cory Bryson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address    216 Dogwood Ln			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Belmont	State NC	Zip Code 28012	Transaction ID : 0acaadc0-c79e-4991-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cory Bryson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address    216 Dogwood Ln			Amount <span style="border: 1px solid black; padding: 2px;">20.10</span>		
City Belmont	State NC	Zip Code 28012	Transaction ID : 33460423-23f1-4a3d-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 496 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7cc5d561-d074-4a95-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">29.01</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : cf512654-4da2-4918-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">99.01</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 497 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2014</div>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 606750f6-6d54-4efe-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2014</div>		
Mailing Address 102 S Main Street Apt A2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Berryville		State VA	Zip Code 22611		Transaction ID : 1cf3f7ec-6415-484d-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 08 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 498 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>		Amount <b>80.00</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>804fa456-8027-48da-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>		Amount <b>44.70</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>fcd787ac-111e-4b04-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>124.70</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 250 JS Brewton rd		Amount <div> <div></div> <div>3.00</div> </div>	
City goldonna	State LA	Zip Code 71031	<b>Transaction ID : 28d5ff14-a5c1-42d7-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1640 1364 1644"> <tr><td data-bbox="1102 1640 1364 1644">43.00</td></tr> </table>	43.00
43.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1102 1644 1364 1650"> <tr><td data-bbox="1102 1644 1364 1650"></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td data-bbox="1102 1650 1364 1656"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 16.80	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 6d99aacb-5cff-4765-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	36.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 9ff33ee9-84f1-44c8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	47.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    202 Rue Des Cajun			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f84493f9-a119-4ada-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    202 Rue Des Cajun			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 098efa72-035f-40c4-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">28.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 503 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 2329 Runnymede Dr		Amount 50.00
City Marrero	State LA	Zip Code 70072
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c5fae183-4403-4f76-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 407 randall Dr		Amount 50.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 8461b001-4b69-426c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 407 randall Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 08 2014</span> </div> </div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : c72715da-21fa-4212-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>292370.62</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 1900 Glen West Way		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 08 2014</span> </div> </div>	
City Fort Smith	State AR	Zip Code 72916	<b>Transaction ID : 9947bc5c-b8bf-4c4e-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>292370.62</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>106.00</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature



Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 5354c589-c3f3-4be7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	37.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 506 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>2.58</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>824c7eea-f96a-44ee-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>1700 E Part Ave</b>		Amount <b>45.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>324cd9c3-2975-432b-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>47.58</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1700 E Part Ave		Amount 36.90	
City	State	Zip Code	Transaction ID : eefefafc-25b4-4ca0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		292370.62	

Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : f359a601-2ba0-4e2b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	136.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 508 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 08 / 2014         </div>		
Mailing Address <b>2013 Woodward Way</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           25.00         </div>		
City <b>Van Buren</b>	State <b>NC</b>	Zip Code <b>72956</b>	<b>Transaction ID : 68a6d2e6-4be7-43e5-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 08 / 2014         </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 08 / 2014         </div>		
Mailing Address <b>2013 Woodward Way</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1.80         </div>		
City <b>Van Buren</b>	State <b>NC</b>	Zip Code <b>72956</b>	<b>Transaction ID : 6010ce70-c763-4184-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 08 / 2014         </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">26.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 509 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 08 / 2014</b>		
Mailing Address <b>308 West Main Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">102.50</span>		
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>89a25fb9-0a67-47ee-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 08 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 08 / 2014</b>		
Mailing Address <b>308 West Main Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">18.00</span>		
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>ff3be0f5-d96c-4e09-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 08 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e07fd7f0-30df-4e34-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	182.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 511 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">26.70</span>		
City    Greensboro		State    NC	Zip Code    27407		Transaction ID : 25afdfa4-3fe6-4b7b-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City    Greensboro		State    NC	Zip Code    27407		Transaction ID : 57f67f0c-16c5-4b88-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">106.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 512 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : 2ca9f73b-beba-426e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">13.50</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : b3047efb-7838-4df8-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 513 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : 7125fe7f-7300-41f3-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">13.50</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : 08a6bbaf-534a-400b-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 514 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 4902 Catawba Dr		Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 69b8db16-ebfa-4d42-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 4902 Catawba Dr		Amount 20.40		
City Greensboro	State NC	Zip Code 27407	Transaction ID : dc7cc940-ed3f-47bf-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		100.40		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 1025 Cayley Ct			Amount 22.20		
City High Point	State NC	Zip Code 27260	Transaction ID : <b>7e678a40-a8dc-47f2-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	132.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 516 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014	
Mailing Address 7151 Mullins Drive		Amount 80.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : e1c2b9d7-35c7-4650-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014	
Mailing Address 7151 Mullins Drive		Amount 41.10	
City Saltville	State VA	Zip Code 24370	Transaction ID : 20058056-fa74-4583-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		121.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 50.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : <b>d87151b9-649a-4256-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">100.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 518 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>37.89</b>		
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>854fff08-20de-4374-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Mailing Address <b>6101 NORA ST</b>		Amount <b>60.00</b>		
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>fc37cf6b-e539-4e59-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>97.89</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		Date <b>05 / 18 / 2015</b>		
		[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 519 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 6101 NORA ST			Amount 2.10		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : a4e43a2e-5769-445b-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 3194faf0-ac76-4dfa-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">26.82</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7f392849-95ab-4d5a-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address 1103 West Wilson Street			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 64501e3c-ffc1-4cca-8
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.82</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 521 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1103 West Wilson Street		Amount 38.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f785da96-0749-4c7b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 905 Lake Drive		Amount 80.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : e253321f-5053-4e63-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		118.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 522 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address 905 Lake Drive			Amount <span style="border: 1px solid black; padding: 2px;">36.30</span>		
City Shelby	State NC	Zip Code 28152	Transaction ID : 3a85cd5f-56c7-4aed-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 3919e827-6e41-4c68-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 523 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Wayne Burckel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 46 Glenwood Ave		Amount 20.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : e2490971-33e4-4ac9-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Wayne Burckel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 46 Glenwood Ave		Amount 0.60	
City Harahan	State LA	Zip Code 70123	Transaction ID : fd53b358-2ebe-4938-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	20.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 524 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>9455 Snow Camp Road</b>		Amount <b>55.00</b>	
City <b>Snowcamp</b>	State <b>NC</b>	Zip Code <b>27349</b>	Transaction ID : <b>9b2de397-4578-4627-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 08 / 2014</b>	
Mailing Address <b>9455 Snow Camp Road</b>		Amount <b>6.60</b>	
City <b>Snowcamp</b>	State <b>NC</b>	Zip Code <b>27349</b>	Transaction ID : <b>f36bf174-14dd-4340-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>61.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 525 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">08</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">70.00</span>	
City Winchester		State VA	Zip Code 22602	Transaction ID : 2322c1fa-cad1-4417-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">08</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">08</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 100 ASBURY CT			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City WINCHESTER		State VA	Zip Code 22602	Transaction ID : 6d013e6f-31d6-4e36-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">08</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">130.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	
			[Electronically Filed]	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a1c08ce4-7691-42ec-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">130.00</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 10px; margin: 0 5px;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 10px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 10px; margin: 0 5px;"></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 527 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 39c0f734-bea1-4880-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 32b31ca0-0b16-406b-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">120.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 9033432c-fa34-42c2-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 55e6c033-3ad4-4f80-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	160.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 529 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : 31a9ec60-304a-436b-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1410 Bushville Dr			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 4f1671a0-fb80-45a6-b		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">42.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination <div> <div>09</div> <div>09</div> <div>2014</div> </div>	
Mailing Address 1410 Bushville Dr		Amount <div>35.00</div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : <b>ad35b159-4a58-4141-8</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div> <div>09</div> <div>09</div> <div>2014</div> </div>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<div>1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	45.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 531 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Mailing Address    1410 Bushville Dr			Amount <span style="border:1px solid black; padding:2px;">10.50</span>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7c549914-e155-4a6a-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mark McNair</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Mailing Address    11 Cooper Lane			Amount <span style="border:1px solid black; padding:2px;">45.00</span>	
City Conway	State AR	Zip Code 72034	Transaction ID : 74eed6e7-cffe-4359-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">55.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Mark McNair</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    11 Cooper Lane			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 1d308a72-f59d-4c67-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 0bc7d522-c3f7-4742-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 533 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.90</span>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>052fd33b-269e-403f-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>902660f0-38b2-42bd-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 534 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City New Orleans		State LA	Zip Code 70116		<b>Transaction ID : fea15395-0971-4c04-b</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: LA</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 8822 Apple St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City New Orleans		State LA	Zip Code 70188		<b>Transaction ID : 89f7f0c3-1f09-4239-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: LA</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 535 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 2562c992-e72d-4da5-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : f8c65a7a-3139-423e-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">42.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 30.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 74a1caed-2360-45d9-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 28.20	
City Boone	State NC	Zip Code 28607	Transaction ID : 74431c00-2def-41b6-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	58.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 537 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1010 S Dogwood Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.00</div>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 03b5073d-9d3a-4267-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1010 S Dogwood Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.80</div>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : d862adb4-8cda-4f91-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 538 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014	
Mailing Address    1010 S Dogwood Drive			Amount <span style="border:1px solid black; padding:2px;">10.00</span>	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 5350989d-cc88-45ec-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014	
Mailing Address    1010 S Dogwood Drive			Amount <span style="border:1px solid black; padding:2px;">10.80</span>	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 9a1273c7-6d92-467a-8	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">20.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 539 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    1010 S Dogwood Drive			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 094ee878-f8df-4556-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    110 Teresa Lane			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 97455b2a-0438-450a-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">105.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 540 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 Teresa Lane			Amount <span style="border: 1px solid black; padding: 2px;">36.30</span>		
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 21a6f258-ce89-427c-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1434 South Avenue			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Eden	State NC	Zip Code 27288	Transaction ID : 7ac8772f-0446-4181-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">136.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 541 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>1434 South Avenue</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13.50</div>		
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	<b>Transaction ID : 350a0a13-06ca-4456-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	<b>Transaction ID : 78d46be7-9e8f-4147-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">63.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

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2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 542 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 5330 Nestleway Dr		Amount 9.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 12920 Kneeland Ln		Amount 80.00
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 543 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Andrea L Hammond</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 12920 Kneeland Ln			Amount <span style="border: 1px solid black; padding: 2px;">30.60</span>		
City Neosho	State MO	Zip Code 64850	Transaction ID : 3432345f-db8a-4a3e-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : 9a7e3b72-cc88-4d89-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">115.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 544 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>		
Mailing Address 106 Hillside St			Amount <span style="border:1px solid black; padding:2px;">31.29</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : a6bdca73-b6e4-43cf-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>		
Mailing Address 160 #50 Pompano Dr			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 4e575e94-3660-4d19-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">81.29</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 545 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 09 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount <span style="border:1px solid black; padding:2px;">6.99</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : <b>a6516f25-9c0c-4869-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Morgan E Hallenbeck</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 09 / 2014		
Mailing Address 3790 Christian Light Rd			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : <b>35775ce6-2aa1-4877-b</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">56.99</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 05 / 18 / 2015	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 6044592f-959b-4d27-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	61.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 547 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Mailing Address 1691 Fork Mtn Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.20</div>		
City Bakersville	State NC	Zip Code 28705	<b>Transaction ID : abca879b-c772-4375-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Mailing Address 905 Lake Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">51.00</div>		
City Shelby	State NC	Zip Code 28152	<b>Transaction ID : 8f88da1a-ff65-4555-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">76.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 548 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 905 Lake Drive		Amount 37.35	
City Shelby	State NC	Zip Code 28152	Transaction ID : 40d7c8b0-e978-437e-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 44 Bell Street Ext		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 2bd21a09-bef3-4653-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.35	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 45.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 14b27daf-a6d2-4ffb-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	76.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 6.60	
City Conway	State AR	Zip Code 72034	Transaction ID : 52bb8e51-a627-40eb-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>	
Mailing Address 307 Farris Rd Apt 1		Amount <div> <div></div> <div>45.00</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 2f404e5d-94c8-4f6b-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	51.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 6.60	
City Conway	State AR	Zip Code 72034	Transaction ID : f5cc2721-9871-4bf8-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 25.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 407bd9d4-2979-4baa-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	31.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 552 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>404 Chancery Park Ct</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.50</div>		
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>8eda92a0-d772-4eaa-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>3 Girard</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>3ad03ce4-2069-43fe-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">94.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		



Full Name of Payee <b>Kelly Dolan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 543 S 2nd St		Amount 60.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3e7c719a-bb1c-4f2c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	70.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 18.70	
City Conway	State AR	Zip Code 72034	Transaction ID : 951a92ad-3a2e-4614-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>27.70</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 555 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.82</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 9cd934df-e682-4d3f-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2013 Woodwind Way			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Van Buren	State NC	Zip Code 72956	Transaction ID : f7a568d7-2835-4e8d-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.82</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 556 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 2013 Woodwind Way			Amount 10.50		
City Van Buren	State NC	Zip Code 72956	Transaction ID : c124898c-6c11-4731-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amber M Gregory</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 1710 Elfen Glen St Apt 114B			Amount 50.00		
City Van Buren	State AR	Zip Code 72956	Transaction ID : 2bbfd969-1882-496f-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 557 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City charlotte	State NC	Zip Code 28227	Transaction ID : 71c36b08-dbaa-4f51-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">15.63</span>		
City charlotte	State NC	Zip Code 28227	Transaction ID : b51a61e7-4a1e-4338-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.13</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 558 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014	
Mailing Address 4691 Hercules Lane		Amount <span style="border:1px solid black; padding:2px;">100.00</span>	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 0d34a2bd-f684-42ef-a
Purpose of Expenditure Salary	Category/ Type	<span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount <span style="border:1px solid black; padding:2px;">75.00</span>	
City Berryville	State VA	Zip Code 22611	Transaction ID : b7a3d517-0d30-474a-8
Purpose of Expenditure Salary	Category/ Type	<span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">175.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Ms. Emily Buchanan		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 559 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Marion Anderson</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>	
Mailing Address <b>607 Chickadee St Apt 8</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           20.00         </div>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	<b>Transaction ID : 676f9c8f-bf8e-4c9e-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mattie F Grant</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>	
Mailing Address <b>1700 N Hughes St Apt 17</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           20.00         </div>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72207</b>	<b>Transaction ID : 27e4fa25-eae4-4680-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">40.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 560 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2014</b>	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f6645bca-bfc7-400a-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 09 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2014</b>	
Mailing Address 110 W Pecan St		Amount 36.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ed53cca7-799f-41da-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 09 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 561 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 8b616746-f7f8-49bf-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">36.81</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 379513a0-1a37-4a5b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">96.81</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              . . . . .           </div>	

Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 09 / 2014           </div>	
Mailing Address 18065 Wayne Rd		Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 60.00           </div>	
City Odessa	State FL	Zip Code 33556	Transaction ID : b5a45a10-dad3-4221-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 09 / 2014           </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 292370.62           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 09 / 2014           </div>	
Mailing Address 2730 Dave Ward Dr		Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 50.00           </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : fd0f71ee-83bf-41f6-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 09 / 2014           </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 292370.62           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 110.00           </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Michael Chinchar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2730 Dave Ward Dr			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : <b>0b846797-afcf-4034-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    5133 Lord Bryon Road			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Wilmington	State NC	Zip Code 28405	Transaction ID : <b>e2192e45-ffeb-444b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 564 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17.40</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : a8fb54e1-cdde-4608-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Metairie		State LA	Zip Code 70006		Transaction ID : b2724626-5487-46cd-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">77.40</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 565 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 09 / 2014</b>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.44</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>a695154c-d6db-4f48-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 09 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 09 / 2014</b>		
Mailing Address <b>8026 S Wilwood Dr Apt 101</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Oak Creek</b>	State <b>WI</b>	Zip Code <b>53154</b>	Transaction ID : <b>89ad062d-2c8d-4ae3-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 09 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.44</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 566 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    3300 Asher Ave			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City    State    Zip Code Little Rock    AR    72204		Transaction ID : 7b0d921e-8eec-44a7-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    3300 Asher Ave			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City    State    Zip Code Little Rock    AR    72204		Transaction ID : d56fd746-79cf-4fe7-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">39.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 567 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Rebecca A Shearer</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 60.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 3c88f939-5a1d-4ad1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Mailing Address 506 N Horton Street		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 21ae5e89-db29-46a0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">34.20</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9b0c3189-7c36-4dc0-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 1445eda1-cd24-4f1d-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">44.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]



Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 2.70	
City Little Rock	State AR	Zip Code 72205	Transaction ID : e2b85673-cd38-4d55-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 90.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : f49bf824-6d68-4fad-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	92.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2a244af3-e59f-47b1-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.22</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c8c5a440-f90e-498d-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">27.22</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Kristen S Moore</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>	
Mailing Address 42 Oak Creek Drive		Amount <div> <div>Amount</div> <div>4.20</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 5684c770-3f53-4e8d-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 572 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 55848842-a9ae-488e-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 2506 Bolch Street		Amount 12.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4ad56284-739a-40bc-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	72.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 205 Medallion Circle		Amount 33.60	
City Shreveport	State LA	Zip Code 71119	Transaction ID : f43b1d1c-768b-4312-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	113.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 574 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    1900 Glen West Way			Amount <span style="border:1px solid black; padding:2px;">35.00</span>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 1a765698-ceaa-4122-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    1900 Glen West Way			Amount <span style="border:1px solid black; padding:2px;">10.50</span>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f18a296f-4dd1-44e4-b	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">45.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

Full Name of Payee Sandra L Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 25.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 89c3efcc-3c86-4f9d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	50.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 576 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 09 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>45.00</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>65ac0bab-5dcd-4318-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 09 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 09 / 2014</b>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <b>50.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>4f656788-5b50-4645-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 09 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>95.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 577 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Mailing Address 1103 West Wilson Street			Amount <span style="border:1px solid black; padding:2px;">37.80</span>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6a19c620-b2d4-485e-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border:1px solid black; padding:2px;">45.00</span>	
City Conway	State AR	Zip Code 72032	Transaction ID : e14e16e4-7e7e-4523-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 09 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">82.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 578 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           9.00         </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : d14f508f-08dc-441c-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>	
Mailing Address 3007 Darden Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           80.00         </div>	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 0388f881-80ce-4e27-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           89.00         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           89.00         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 579 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">27.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e2c238ac-4a2d-4b43-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 744e9bee-d99e-40f5-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">107.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 580 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 111 Westchester Blvd Apt D4			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Slidell		State LA	Zip Code 70458		Transaction ID : 96ab1dfe-98bd-4dd5-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Glenda McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">92.50</span>		
City Plot Mountain		State NC	Zip Code 27041		Transaction ID : ed2ed258-46d1-42d2-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">142.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 581 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 308 West Main Street		Amount 92.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : d9a679d5-940d-4fea-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 308 West Main Street		Amount 25.80	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 4c4fee14-ae0-440e-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	118.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 582 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Raleigh		State NC	Zip Code 27604		Transaction ID : fb8f77be-e895-41f4-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">17.70</span>		
City Raleigh		State NC	Zip Code 27604		Transaction ID : e59dabc2-060e-4161-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 583 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">47.50</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : e8ee24eb-6786-42bd-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address    1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">42.90</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 553e7aad-583d-491c-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 31e02960-88b4-4148-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	105.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1025 Cayley Ct		Amount 90.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3868b33c-d6a5-4703-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	108.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4902 Catawba Dr		Amount 30.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e6e45d84-1c94-4b47-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	51.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4902 Catawba Dr		Amount 14.70	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 25a30f00-74ec-4cea-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 6101 NORA ST		Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : c3899bfc-8d13-43bf-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	74.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 588 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">2.10</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 11e7f40a-7457-4f86-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : fe142110-6fd9-4975-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.50</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 6fba3683-22af-41e4-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    44 Bell St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 04d59c8e-b21c-4017-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Mailing Address <b>44 Bell St</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.20</div>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	<b>Transaction ID : e9d20c9e-ca3b-4585-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Mailing Address <b>7151 Mullins Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	<b>Transaction ID : 378c7534-c163-459d-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8eb36e26-ec4f-4482-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	87.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 ASBURY CT			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : 55dc1c46-fb46-4bd0-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 434c0ca6-883f-4ee8-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 593 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 597f63b5-beaa-49e4-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : cb6b18f6-e733-4b75-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 594 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>		

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>	
Mailing Address 9455 Snow Camp Road		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 60.00         </div>	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : <b>a8b79568-6eae-48ce-8</b>
Purpose of Expenditure Salary	Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 1095959.94         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>	
Mailing Address 9455 Snow Camp Road		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 7.20         </div>	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : <b>1f6e3352-ce2a-4ff5-a</b>
Purpose of Expenditure Mileage	Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 09 / 2014         </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 1095959.94         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 67.20         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

Full Name of Payee <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 27.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 438548f5-4b90-4b5a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	62.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>	
Mailing Address 2357 Fancy Cap Rd		Amount <div> <div>Amount</div> <div>34.95</div> </div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 9eb7933f-765d-467b-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 09 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	124.95
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 50.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : b717cc5c-30d6-45d5-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 40.50	
City Charolette	State NC	Zip Code 28215	Transaction ID : 534ad466-d330-4809-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 598 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 448 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4695b15a-2bb6-4e41-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Mailing Address 448 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 553e4196-8ca2-4a47-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">25.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 47cfe4d4-4f1a-4c7c-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : b25edfdd-3340-4d5e-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>80.00</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>ea090056-34e6-44eb-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 09 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>15.90</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>7f4a1655-9950-4b4d-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 09 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>95.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>40.00</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>a2dab13d-1692-4797-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 09 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 09 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>30.30</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>a666f594-0c56-4ecd-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 09 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>70.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 602 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 10 / 2014         </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           42.50         </div>	
City Clemmons	State NC	Zip Code 27012	<b>Transaction ID : 4b597ae3-9413-46c1-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 10 / 2014         </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 10 / 2014         </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           12.60         </div>	
City Clemmons	State NC	Zip Code 27012	<b>Transaction ID : 79e39fb3-8f3a-4bcf-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 10 / 2014         </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           55.10         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           00.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           55.10         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 603 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 22f1d5ad-3ee8-4b49-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">9.42</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : f79eca86-78c0-4872-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">34.42</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 10 / 2014</b>		
Mailing Address <b>2134 Tobaccoville Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>		
City <b>Rural Hall</b>		State <b>NC</b>	Zip Code <b>27045</b>		Transaction ID : <b>ee2d9451-848b-4ee5-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 10 / 2014</b>		
Mailing Address <b>3 Girard</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		Transaction ID : <b>7506af62-3eed-4796-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 10 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">65.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3 Girard			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : f2251b76-1b3f-43d1-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : ca3a3b27-281a-4308-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">50.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 105 South Dale St		Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 92434b23-bac8-44aa-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mary Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 105 South Dale St		Amount 45.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 56eab971-4fd5-4f58-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">62.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 607 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Aaron W Heien</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1730 Sweetspire dr			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Conway		State AR	Zip Code 72032		Transaction ID : 3704873c-623a-45bc-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Aaron W Heien</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1730 Sweetspire dr			Amount <span style="border: 1px solid black; padding: 2px;">54.60</span>		
City Conway		State AR	Zip Code 72032		Transaction ID : bef5baea-a16e-46d0-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">144.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 211 Pearl St		Amount 13.86	
City Drexel	State NC	Zip Code 28619	Transaction ID : c490ae55-e311-40e2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	38.86
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Loretta D Nelsen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address <b>5453 Wyandotte Dr</b>		Amount <b>23.30</b>	
City <b>Hope Mills</b>	State <b>NC</b>	Zip Code <b>28348</b>	Transaction ID : <b>2ff680a1-5f9b-4d2b-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Loretta D Nelsen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address <b>5453 Wyandotte Dr</b>		Amount <b>2.70</b>	
City <b>Hope Mills</b>	State <b>NC</b>	Zip Code <b>28348</b>	Transaction ID : <b>84b5266f-b158-445c-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>26.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 610 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    282 Falls Ave			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 5206b3f3-7f4f-4dce-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    282 Falls Ave			Amount <span style="border: 1px solid black; padding: 2px;">16.50</span>		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : d16081f5-1caf-4a10-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">46.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 611 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>8b8f7e8e-215b-4cde-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>9933c16d-40f7-460f-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">42.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 612 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>45.00</b>	
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>2968f25d-2b9b-4101-9</b>
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>15.60</b>	
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>103da99a-1134-4734-a</b>
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>60.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 613 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City <b>North Little rock</b>		State <b>AR</b>	Zip Code <b>72116</b>		Transaction ID : <b>f1b986c2-dbf6-42d0-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>3205 Pebble Beach Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">2.70</span>		
City <b>Conway</b>		State <b>AR</b>	Zip Code <b>72034</b>		Transaction ID : <b>9e30f9d9-3324-4ec1-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 614 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>3205 Pebble Beach Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.03</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>ab96e11b-9f2d-435b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>168 Emerald Hill</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Forest City</b>	State <b>NC</b>	Zip Code <b>28043</b>	Transaction ID : <b>754ec284-9584-41b7-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">73.03</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 615 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>110 Teresa Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Pocahontas</b>		State <b>AR</b>	Zip Code <b>72455</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>4b4c0db9-2ec1-4ca8-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>110 Teresa Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">33.90</span>		
City <b>Pocahontas</b>		State <b>AR</b>	Zip Code <b>72455</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>a85f90cf-8b47-4f25-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">103.90</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 616 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kristen S Moore</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>42 Oak Creek Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">110.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>85d2b8ec-a5eb-45b4-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kristen S Moore</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>42 Oak Creek Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">19.20</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>26e3d444-07c1-4894-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">129.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		
[Electronically Filed]					



Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>MM / DD / YYYY</div> <div>60.00</div> </div>	
City Monroe	State LA	Zip Code 71201	<b>Transaction ID : 7ea54358-3d9f-47a5-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		170.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 618 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014	
Mailing Address 300 Evangeline St			Amount <span style="border:1px solid black; padding:2px;">15.00</span>	
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>cead1107-c830-4194-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014	
Mailing Address 1208 Braeburn Rd			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City Charlotte	State NC	Zip Code 28211	Transaction ID : <b>63db4f4a-4e49-45f2-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">75.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 619 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Charlotte		State NC	Zip Code 28211		Transaction ID : f9e34fa3-ea91-495c-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">77.50</span>		
City Spindale		State NC	Zip Code 28160		Transaction ID : 9ac0a5b1-f796-4210-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">82.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Mattie F Grant</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 1700 N Hughes St Apt 17		Amount <div> <div>Amount</div> <div>80.00</div> </div>	
City Little Rock	State AR	Zip Code 72207	<b>Transaction ID : b50816b7-0f50-4331-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	117.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 621 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Morgan E Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.30</div>		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : e3ee349c-2ab4-4a37-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 3315 Cardinal Ridge Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>		
City Greensboro		State NC	Zip Code 27410		Transaction ID : aada2546-c560-4f35-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">88.30</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 622 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 3315 Cardinal Ridge Rd			Amount <span style="border:1px solid black; padding:2px;">32.40</span>	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 001c0894-e9c3-4e75-9	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 900 Bramblegate Rd			Amount <span style="border:1px solid black; padding:2px;">40.00</span>	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 21cd5709-1c2e-42ef-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">72.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 623 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.30</div>		
City Hope Mills		State NC	Zip Code 28348		<b>Transaction ID : 1159743e-f7f1-4875-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Conway		State AR	Zip Code 72034		<b>Transaction ID : 7e8feaea-6125-440c-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49.30</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div>					

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 625 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Jon Linch</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014		
Mailing Address 6108 Harkins Ave			Amount <span style="border:1px solid black; padding:2px;">14.40</span>		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 652d075d-c101-4aac-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 16d011b0-bb2a-46f5-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">44.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 626 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1410 Bushville Dr			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 35f244d0-7c96-404b-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1410 Bushville Dr			Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : bfcf72c8-2bf5-43c0-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 627 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Trent Minner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014		
Mailing Address 2000 W University St			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : baff1fde-886c-457d-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Trent Minner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014		
Mailing Address 2000 W University St			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : 4b389223-b776-48e0-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">32.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 905 Lake Drive		Amount 5.70	
City Shelby	State NC	Zip Code 28152	Transaction ID : 8d0a9c40-5716-4c45-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	75.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 629 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Douglas A Nystrom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2000 W University St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City    State    Zip Code Siloam Springs    AR    72761		Transaction ID : 2bf9f2be-5f18-40cc-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tammay Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City    State    Zip Code New Orleans    LA    70116		Transaction ID : a45075ce-5e98-4dfb-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 630 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : cf11eb02-2330-405b-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 8822 Apple St			Amount 50.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 65129dae-3f0a-48ed-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 631 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address <b>345 Auroura Ave</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City    State    Zip Code <b>Metairie    LA    70006</b>		Transaction ID : <b>7ca7a9f8-aa1d-4a88-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address <b>345 Auroura Ave</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.36</div>		
City    State    Zip Code <b>Metairie    LA    70006</b>		Transaction ID : <b>997f2b64-be33-412e-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">56.36</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 632 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 3300 Asher Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : f3e44d1c-8fba-4c8c-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 448 Judson Dr		Amount 37.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4582d671-c610-4586-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	



Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 492031e2-7d67-4ca2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	65.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            09 / 10 / 2014         </div>		
Mailing Address    1691 Fork Mtn Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           27.90         </div>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 2524eac8-1ee2-459d-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 10 / 2014         </div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 10 / 2014         </div>		
Mailing Address    2565 Shire Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           35.00         </div>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : cd7ffe79-e8b4-49b2-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 10 / 2014         </div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">           62.90         </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">           0.00         </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">           62.90         </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date    05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address    P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div>		
City <b>Alexander</b>		State <b>AR</b>	Zip Code <b>72002</b>		Transaction ID : <b>3a8f97b2-14f0-480d-9</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address    P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">56.40</div>		
City <b>Alexander</b>		State <b>AR</b>	Zip Code <b>72002</b>		Transaction ID : <b>8a1e14e1-6cc5-479f-b</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 0 5px;">146.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>97f0e813-1624-458e-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">27.90</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>ed36eea4-27bb-4d1a-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 10 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 637 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e208fbae-e3c9-422d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">39.24</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7fa1c07c-36f2-4a1a-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">144.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <b>33.00</b>	
City Raleigh	State NC	Zip Code 27610	Transaction ID : <b>7a73900d-c85d-466a-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <b>7.20</b>	
City Raleigh	State NC	Zip Code 27610	Transaction ID : <b>e625e83e-54ff-41af-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>40.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 639 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jacob L Colbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    49 Sharon Circle			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Greenbrier	State AR	Zip Code 72058	Transaction ID : d0530e4b-48b7-45e1-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jacob L Colbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    49 Sharon Circle			Amount <span style="border: 1px solid black; padding: 2px;">15.60</span>		
City Greenbrier	State AR	Zip Code 72058	Transaction ID : fa8d677a-3410-4dd0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">35.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 640 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 10 / 2014		
Mailing Address 112 apache Dr			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City State Zip Code Search AR 72149		Transaction ID : 554ced59-6d56-45ae-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 10 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 10 / 2014		
Mailing Address 112 apache Dr			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City State Zip Code Search AR 72149		Transaction ID : 6689be8f-a21d-4ceb-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 10 / 2014			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">67.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 641 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 9909 Treasure Hill Rd		Amount <b>65.00</b>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : <b>49a480d8-6f26-43af-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 9909 Treasure Hill Rd		Amount <b>42.00</b>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : <b>90fb727a-8447-4e60-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>107.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Brenda L Dawson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6021 General Samuel Rd			Amount <span style="border: 1px solid black; padding: 2px;">13.00</span>		
City Jacksonville		State AR	Zip Code 72076		Transaction ID : <b>bbb36780-9b51-4a41-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brenda L Dawson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6021 General Samuel Rd			Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>		
City Jacksonville		State AR	Zip Code 72076		Transaction ID : <b>d1a92182-3649-401c-8</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">17.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 643 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Richard Michalski</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address    3939 Gentilly Blvd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City New Orleans	State LA	Zip Code 70126	Transaction ID : dce07892-72a6-41e4-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Richard Michalski</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address    3939 Gentilly Blvd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.00</div>		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9415dca6-3198-4a05-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">43.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div> <div>Amount</div> <div>50.00</div> </div>	
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : 4379efb7-e61f-49e9-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">150.00</div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 9.60	
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : c3a3207e-8176-460e-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 110 W Pecan St		Amount 65.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 22070d6a-9046-4134-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px; text-align: right;">74.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>David M Bozeman</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 768 Pine Haven Drive		Amount <div> <div></div> <div>15.00</div> </div>	
City Fayetteville	State NC	Zip Code 28306	<b>Transaction ID : ef54ac5f-7f68-4b0e-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>001</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	53.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 647 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>David M Bozeman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 768 Pine Haven Drive		Amount 3.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : d5a11830-7468-4a5d-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tracy M Hargett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 60.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 65c3e0ba-ad2e-4423-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 648 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.30</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 29417f44-0f4a-4308-a
Purpose of Expenditure Mileage		Category/ Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Eden		State NC	Zip Code 27288		Transaction ID : af64f70f-4b84-4d94-9
Purpose of Expenditure Salary		Category/ Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">118.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1434 South Avenue		Amount 12.00	
City Eden	State NC	Zip Code 27288	Transaction ID : f01da03d-6157-4916-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 30.00	
City	State	Zip Code	Transaction ID : <b>fee48cd0-ff9c-422c-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	42.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 650 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 202 East Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">26.16</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 5f1f3949-7b27-484b-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Clay A McCreary</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1762 Orchard Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 05ed6d18-3018-40dc-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">66.16</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 168 Graduate Lane Apt 324		Amount <div> <div>Amount</div> <div>85.00</div> </div>	
City Boone	State NC	Zip Code 28607	<b>Transaction ID : 1fd0daea-3a0b-4848-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	113.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 652 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address    168 Graduate Lane Apt 324			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33.60</div>		
City Boone	State NC	Zip Code 28607	Transaction ID : fb2cf492-f9b8-43c3-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address    121 Meadowview Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Boone	State NC	Zip Code 28607	Transaction ID : 3e0719b7-d7f4-4586-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">53.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date    MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 18 / 2015</div>		

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 121 Meadowview Drive		Amount 30.60	
City Boone	State NC	Zip Code 28607	Transaction ID : 7734470c-78f6-4df7-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 60.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 9b40c5e1-b535-45ee-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	90.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 654 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address <b>2320 Saint Nick Dr</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 13.50		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70131</b>		<b>Transaction ID : 68c77b69-edef-4c56-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address <b>111 Westchester Blvd</b> <b>Apt D4</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00		
City <b>Slidell</b>		State <b>LA</b>	Zip Code <b>70458</b>		<b>Transaction ID : b6d35166-476d-49fe-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 63.50		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 655 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 75.00
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6aecb33b-401c-4f5e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 39.00
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 0079d89f-2f28-4ba1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 656 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 2090 Fancy Gap Rd		Amount <b>105.00</b>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>d44cea19-fd39-4111-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 2090 Fancy Gap Rd		Amount <b>39.24</b>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>b5acb63e-84a9-46b6-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>144.24</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 657 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Shanon Snyder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2701 Winifred		Amount 80.00		
City Metairie	State LA	Zip Code 70003	Transaction ID : b082b7be-dcdf-40cb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Shanon Snyder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2701 Winifred		Amount 10.50		
City Metairie	State LA	Zip Code 70003	Transaction ID : 35d75397-cca9-4f51-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90.50		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.30	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 061aa5c1-02c8-4ab3-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>33.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 659 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 39ce51ec-a729-4467-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 804 Roundabout Circle			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 91593ac9-e888-4d32-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">130.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 660 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Dwayne G Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1700 N Hughes St Apt 17			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Little Rock		State AR	Zip Code 72207		Transaction ID : 636ae9b9-4ee3-4dfc-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Dwayne G Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1700 N Hughes St Apt 17			Amount <span style="border: 1px solid black; padding: 2px;">43.50</span>		
City Little Rock		State AR	Zip Code 72207		Transaction ID : e5e2b83f-8965-42ed-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">123.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Chris D King		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1700 N Hughes St Apt 17		Amount 80.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : ee347696-03e2-497a-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Kaitlyn B Morgan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2121 Daniel Dr		Amount 80.00	
City	State	Zip Code	<b>Transaction ID : afcc1d98-5552-47b9-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -2px;">160.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 662 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Kaitlyn B Morgan</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 10 / 2014</span>	
Mailing Address 2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">59.40</span>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>3e67383a-5455-4df7-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 10 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 10 / 2014</span>	
Mailing Address 6101 NORA ST			Amount <span style="border:1px solid black; padding:2px;">65.00</span>	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : <b>0614edea-7423-4281-b</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 10 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">124.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 663 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 6101 NORA ST			Amount 2.40		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 46a3aaf0-b303-434f-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1025 Cayley Ct			Amount 75.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 5c9fa18a-b548-4b72-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 664 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>17.70</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>7a5a45a7-555b-4b9c-b</b>
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 10 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>40.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>d402b534-cc35-4a0c-9</b>
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>57.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 665 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 1025 Cayley Ct		Amount 14.40
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 69399ba1-ee69-418a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 4902 Catawba Dr		Amount 40.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a46269c4-1404-41b7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>John P Hilkert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 7 Bards Lane		Amount 25.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 801cc59d-50d9-4f81-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President	District: 00 State: NC <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	39.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date  /  /

Signature

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 38.10	
City Charolette	State NC	Zip Code 28215	Transaction ID : <b>ec4c036c-f32b-4bd9-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	88.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 308 West Main Street		Amount 27.51	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 8ad61f57-4b46-49bc-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	140.01
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	


Signature


**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**


 PAGE 669 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Glenda McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014		
Mailing Address    308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">112.50</span>		
City    State    Zip Code Plot Mountain    NC    27041		Transaction ID : 7c84eec0-7c2c-4a10-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014		
Mailing Address    3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City    State    Zip Code Raleigh    NC    27604		Transaction ID : def39820-7458-42ff-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">192.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 4367 Splitlog Rd		Amount <div> <div>Amount</div> <div>70.00</div> </div>	
City Goodman	State MO	Zip Code 64843	<b>Transaction ID : 8dade6ca-2e7c-4274-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤  90.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ➤ 

(c) **TOTAL** Independent Expenditures..... ➤ 

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 671 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sarinda S Dudley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4367 Splitlog Rd			Amount <span style="border: 1px solid black; padding: 2px;">25.20</span>		
City Goodman	State MO	Zip Code 64843	Transaction ID : 2af223cd-8a36-48d5-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jacob T Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1410 Bushville Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 12f2ece0-da69-4e1f-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 672 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																				
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y													

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 102.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4f98b01f-ac53-4bac-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 34.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d6c6aca8-dea0-4cdc-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2015			

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 673 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">102.50</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>6cb11a53-d221-4460-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Adrian Dudley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4367 Split Log Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>da61dc00-0725-4233-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">172.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 80.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 8e84f022-5173-4f9c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1700 E Part Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 5ef2feab-db13-419c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	125.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 675 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1700 E Part Ave		Amount 31.74	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6a38d975-85f8-4b1a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 407 randall Dr		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 94807683-e038-4bce-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.74	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 676 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 407 randall Dr			Amount <span style="border: 1px solid black; padding: 2px;">51.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : f9133c7e-4079-45b6-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 170b092d-3d9d-42a6-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">86.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 677 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1900 Glen West Way		Amount 6.30	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6285388f-3734-4817-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 15.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 061e4db0-f39e-422a-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		21.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 678 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1410 Bushville drive		Amount 110.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8853005e-370e-42fb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 9455 Snow Camp Road		Amount 55.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 4ad75438-b665-43d9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		165.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 10 / 2014		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 3b97adee-89fd-4629-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Berryville	State VA	Zip Code 22611	Transaction ID : 9f8e791c-83e3-4ce7-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 680 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Mark McNair</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address    11 Cooper Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">20.00</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 9f18a37e-28b7-4b48-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address    4967 Dysartville			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">80.00</div>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 86998e21-c1b4-4156-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: NC <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">100.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>4967 Dysartsville Rd</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>8378b33b-3981-4c41-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>4967 Dysartsville Rd</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.60</div>		
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>27bb20e1-f5cc-4e9b-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">86.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 682 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>5330 Nestleway Dr</b>		Amount <b>30.00</b>	
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>dcf9039b-8437-4341-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>5330 Nestleway Dr</b>		Amount <b>3.60</b>	
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>c7a52345-c062-4df4-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>33.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 683 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>David M Bozeman</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 768 Pine Haven Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5.00</div>		
City Fayetteville		State NC	Zip Code 28306		<b>Transaction ID : 843f0474-6c1a-4c93-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 102 S Main Street Apt A2			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Berryville		State VA	Zip Code 22611		<b>Transaction ID : c57e125c-320a-4759-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 684 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 312 S Gunter St		Amount 20.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 576d5d86-59ca-4de2-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 312 S Gunter St		Amount 3.30	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : becca141-1e1c-4b85-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 11 Cooper Lane		Amount 5.10	
City Conway	State AR	Zip Code 72034	Transaction ID : 358a6b90-6320-4e27-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	35.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 686 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Mary Frank</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>14 Ramblewood Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Covington</b>		State <b>LA</b>	Zip Code <b>70435</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>e78cf6fc-ee76-461d-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mary Frank</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>14 Ramblewood Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">1.20</span>		
City <b>Covington</b>		State <b>LA</b>	Zip Code <b>70435</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Transaction ID : <b>4950579f-6844-4257-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">31.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 687 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : <b>4a089c0e-91fc-4170-9</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">12.90</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : <b>85332114-80d1-4d5b-8</b>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 688 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.00</div>		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 5823c429-f683-4121-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Dwayne C Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.60</div>		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : c09e5bc6-36c7-4ee3-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
			[Electronically Filed]		



Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 16005 7th St		Amount 20.00	
City Pearlington	State MS	Zip Code 39572	Transaction ID : 79d7b0fa-3415-4c74-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Warren Gravois</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 16005 7th St		Amount 1.35	
City Pearlington	State MS	Zip Code 39572	Transaction ID : a4238791-f5d7-4ab2-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	21.35
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 690 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address Split Oak Drive		Amount 57.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : c220b91e-3ac9-4992-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address Split Oak Drive		Amount 18.30	
City charlotte	State NC	Zip Code 28227	Transaction ID : aaed6be8-485e-4ba8-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 29.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 17f8c342-000a-4f87-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	144.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 168 Emerald Hill		Amount 77.50	
City Forest City	State NC	Zip Code 28043	Transaction ID : 48398bea-dc12-42f1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	147.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 693 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Mary Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>		
Mailing Address <b>105 South Dale St</b>		Amount <b>70.00</b>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>6370e224-1568-4c38-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>		
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <b>50.00</b>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>afda392d-946a-434b-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>120.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 694 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>			Amount <span style="border:1px solid black; padding:2px;">26.10</span>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>d2a6e39d-c797-4830-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>db1ce037-0103-45a8-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">76.10</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 695 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>25.80</b>
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>82c96f8f-5ef1-4e79-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>
Mailing Address <b>106 Hillside St</b>		Amount <b>87.50</b>
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>ac7680ab-2464-4c08-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>113.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Tracy M Hargett</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 5133 Lord Bryon Road		Amount <div> <div></div> <div>45.00</div> </div>	
City Wilmington	State NC	Zip Code 28405	<b>Transaction ID : aa6e57ff-5206-42ac-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div></div> <div>001</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	84.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 697 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address <b>5133 Lord Bryon Road</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.40</span>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28405</b>	Transaction ID : <b>8d4c96c7-2b1a-4d7a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address <b>6610 Walcott Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Paragoud</b>	State <b>AR</b>	Zip Code <b>72450</b>	Transaction ID : <b>44c5d280-f55b-461b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 698 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 6610 Walcott Rd			Amount <span style="border:1px solid black; padding:2px;">67.50</span>		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 824843f8-559f-455d-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 11 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 404 Chancery Park Ct			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City Kernersville	State NC	Zip Code 27284	Transaction ID : d0d567e7-387d-41b8-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">107.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 699 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : eb5bfeb3-6dbf-4429-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 3 Girard		Amount 50.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 28dd79af-cf63-484f-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 700 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>3 Girard</b>			Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		Transaction ID : <b>9efda11d-05e5-4e9b-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>102 S Main Street Apt A2</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>Berryville</b>		State <b>VA</b>	Zip Code <b>22611</b>		Transaction ID : <b>7ea00690-a4ba-4bed-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">92.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 282 Falls Ave		Amount <div> <div>Amount</div> <div>14.40</div> </div>	
City Granite Falls	State NC	Zip Code 28630	<b>Transaction ID : c131b01c-597e-423c-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 703 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>		Amount <b>80.00</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>ae501e5c-3523-4b70-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>		Amount <b>36.90</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>bc815a97-db08-4e86-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>116.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Morgan E Hallenbeck</b>			Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 11 / 2014</div> </div>		
Mailing Address 3790 Christian Light Rd			Amount <div> <div></div> <div>19.20</div> </div>		
City Fuquay Varina	State NC	Zip Code 27526	<b>Transaction ID : a43311e3-b525-4f2a-9</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 11 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	79.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 705 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1410 Bushville drive		Amount 60.00
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
1095959.94		2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 506 N Horton Street		Amount 60.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
292370.62		2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 506 N Horton Street		Amount 33.30	
City	State	Zip Code	<b>Transaction ID : b75a0d47-bb14-42b8-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mr. Mark L Pryor		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 50.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 8b716666-749e-426b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	83.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 11.10	
City Conway	State AR	Zip Code 72034	Transaction ID : b2c29b52-9517-4a65-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cecilia A Rebrick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 5003 Allison Lane		Amount 20.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 6a948433-6101-4aed-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	31.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 708 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>5003 Allison Lane</b>		Amount <b>1.20</b>	
City <b>Ft. Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>1e0188a7-d04c-4080-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>1410 Bushville Dr</b>		Amount <b>25.00</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>f7dc88d4-df88-46b9-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>26.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1410 Bushville Dr		Amount 9.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : a8f3873a-9866-4346-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 3654 Tara St		Amount 30.00	
City springdale	State AR	Zip Code 72762	Transaction ID : c96d2f45-03f7-4357-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

[illegible]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 710 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Hannah E Baker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 5307 South State Road 135			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City Morgantown	State IN	Zip Code 46160	Transaction ID : <b>1d8d855f-3a9a-4b65-9</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Hannah E Baker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 5307 South State Road 135			Amount <span style="border:1px solid black; padding:2px;">37.20</span>	
City Morgantown	State IN	Zip Code 46160	Transaction ID : <b>f2d8bade-212b-41b3-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">67.20</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 30.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : <b>afe4e177-5499-4b37-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>60.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 905 Lake Drive		Amount <div> <div></div> <div>7.50</div> </div>	
City Shelby	State NC	Zip Code 28152	<b>Transaction ID : a1f07a90-930b-4e94-9</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	77.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 713 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 11 / 2014         </div>	
Mailing Address <b>4691 Hercules Lane</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           80.00         </div>	
City <b>Woodbridge</b>	State <b>VA</b>	Zip Code <b>22193</b>	<b>Transaction ID : 79f71b43-92ce-4bb3-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 11 / 2014         </div>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 11 / 2014         </div>	
Mailing Address <b>3113 Imperial Valley Dr.</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           40.00         </div>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72212</b>	<b>Transaction ID : 98439686-49f7-4ccb-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 11 / 2014         </div>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         120.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         120.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 714 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Bradley K Kissinger</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address    3113 Imperial Valley Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">16.50</div>		
City Little Rock		State AR	Zip Code 72212		Transaction ID : <b>b92af696-0559-4ed1-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address    3110 Brentwood Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">105.00</div>		
City Raleigh		State NC	Zip Code 27604		Transaction ID : <b>6529427d-0de7-4752-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">121.50</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">18.90</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>00e4e5f6-03ba-4838-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.70</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>d05d04a5-d409-4b9b-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">22.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">2.10</span>		
City <b>Lexington</b>		State <b>NC</b>	Zip Code <b>27295</b>		Transaction ID : <b>68bc834c-e272-4a77-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>110 W Pecan St</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Ville Platte</b>		State <b>LA</b>	Zip Code <b>70586</b>		Transaction ID : <b>21f8c871-0a39-47f0-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 312 S Gunter St		Amount <div> <div></div> <div>10.00</div> </div>	
City Siloam Springs	State AR	Zip Code 72761	<b>Transaction ID : c8b69006-d823-4062-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	49.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 312 S Gunter St		Amount 14.40	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>ac4b7f40-1f74-42da-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hope Benner</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 2073 A Clover Ave		Amount <div> <div></div> <div>10.00</div> </div>	
City Springdale	State AR	Zip Code 72764	<b>Transaction ID : c5889c6d-41a9-4411-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	24.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 719 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Hope Benner</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>2073 A Clover Ave</b>		Amount <b>0.51</b>	
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72764</b>	Transaction ID : <b>28b00952-821b-494d-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>9909 Treasure Hill Rd</b>		Amount <b>30.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>11f4cf7c-d093-4cdf-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>30.51</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 720 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address 9909 Treasure Hill Rd		Amount 18.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 6c867000-3ed9-459a-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address 2730 Dave Ward Dr		Amount 50.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 75050bdf-d969-4dad-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div> <div>09</div> <div>11</div> <div>2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div>15.00</div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : edae79d4-944a-4b83-a</b> Date of Disbursement or Obligation <div> <div>09</div> <div>11</div> <div>2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div>292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>27.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 722 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">11.40</span>		
City Conway      State AR      Zip Code 72032		Transaction ID : e546b5c4-1164-4c8e-9			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra L Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Conway      State AR      Zip Code 72032		Transaction ID : 97a2d624-6208-49f9-8			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>24.90</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 27d08593-32ed-4719-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>66.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 38.40	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 70318214-c24a-4586-8</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 1095959.94 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>133.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 725 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>70.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>bd9f50e9-46a5-45bc-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>55.83</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>3951015f-aac0-4b1d-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>125.83</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 726 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>afaa3119-bffd-46bc-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>950dccb3-cf30-496b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 727 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mattie F Grant</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>
Mailing Address 1700 N Hughes St Apt 17		Amount 60.00
City Little Rock	State AR	Zip Code 72207
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>b630910d-3979-4a13-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chris D King</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>
Mailing Address 1700 N Hughes St Apt 17		Amount 60.00
City Little Rock	State AR	Zip Code 72207
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>437d83e4-627d-4219-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 728 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>		
Mailing Address <b>202 East Park Ave Apt 40</b>		Amount <b>30.00</b>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>69fc3eeb-31e9-44a0-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Marion Anderson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>		
Mailing Address <b>607 Chickadee St Apt 8</b>		Amount <b>60.00</b>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>6bbd8c5b-0b5d-4a9b-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>90.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>		
		[Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 729 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Marion Anderson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address <b>607 Chickadee St Apt 8</b>			Amount <span style="border:1px solid black; padding:2px;">42.00</span>		
City <b>Little Rock</b>		State <b>AR</b>	Zip Code <b>72204</b>		Transaction ID : <b>aa200c53-9127-4ba4-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address <b>1700 E Part Ave</b>			Amount <span style="border:1px solid black; padding:2px;">45.00</span>		
City <b>Searcy</b>		State <b>AR</b>	Zip Code <b>72149</b>		Transaction ID : <b>44fa6bb9-bf29-459e-8</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">87.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 730 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>1700 E Part Ave</b>		Amount <b>34.35</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>757dbcc5-fbe6-4852-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>65.00</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>bae79117-2938-42dc-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>99.35</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 731 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>24.60</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>324d6993-feb4-462e-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>65.00</b>	
City <b>Plot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>d51ad59e-4b58-47d1-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>89.60</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 732 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2936 Brushwood Ave			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Springdale		State AR	Zip Code 72764		Transaction ID : e6018085-f862-437b-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2936 Brushwood Ave			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City Springdale		State AR	Zip Code 72764		Transaction ID : 1c6f046d-aa9e-4e55-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">13.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 733 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 80.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 667f1a97-0206-4e12-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 44.10	
City Neosho	State MO	Zip Code 64850	Transaction ID : 7c91acde-03c6-41d8-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	124.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 734 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>2565 Shire Circle</b>		Amount <b>20.00</b>	
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>49436087-ac75-4fff-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>20.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>437ac0f2-cdd7-4330-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>40.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 735 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address 220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.22</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : d31351a1-743c-4d6a-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Douglas A Nystrom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address 2000 W University St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 9d33496e-39ab-4517-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.22</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 736 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2000 W University St		Amount 50.00	
City Siloam Springs	State AR	Zip Code 72761	<b>Transaction ID : 2c7fb4f4-7e53-425a-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2000 W University St		Amount 30.48	
City Siloam Springs	State AR	Zip Code 72761	<b>Transaction ID : 5a3a9848-c3e6-406e-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	80.48
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 737 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James W Blevins</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.50</div>		
City Salemburg	State NC	Zip Code 28385	<b>Transaction ID : 36b70795-e0ee-4ecb-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>James W Blevins</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.84</div>		
City Salemburg	State NC	Zip Code 28385	<b>Transaction ID : 328b0472-847f-4e39-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.34</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 738 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>111 Westchester Blvd Apt D4</b>		Amount <b>40.00</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	Transaction ID : <b>2fb3adba-4cce-4cbe-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Amelia Brackett</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>	
Mailing Address <b>804 Roundabout Circle</b>		Amount <b>70.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>266250dc-9747-400d-9</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>110.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 450 Judson Dr		Amount 30.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : e04f0961-152d-4905-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Sandra C Montalbano</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 4177 Lowerline St		Amount <div> <div>Amount</div> <div>10.00</div> </div>	
City Slidell	State LA	Zip Code 70461	<b>Transaction ID : a8d9d980-72ff-438f-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>554635.78</div> </div>		District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	40.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 740 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Sandra C Montalbano</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>4177 Lowerline St</b>		Amount <b>3.30</b>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70461</b>	Transaction ID : <b>045049f6-424a-4fe9-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>2090 Fancy Gap Rd</b>		Amount <b>95.00</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>3c985b4d-87d4-4843-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>98.30</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Dwalyn G Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1700 N Hughes St Apt 17		Amount 60.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : a5166752-64b6-4911-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	98.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Dwalyn G Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1700 N Hughes St Apt 17			Amount <span style="border: 1px solid black; padding: 2px;">42.90</span>		
City Little Rock		State AR	Zip Code 72207		Transaction ID : 9fd40ec5-76e3-42c1-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Benjamin Hernandez</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    915 E Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 9cb52e66-0e28-4f7e-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">122.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee <b>Benjamin Hernandez</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 915 E Market Ave			Amount 86.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 8ea89cce-0b1f-42d7-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1103 West Wilson Street			Amount 80.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ce83cc62-f9db-4a63-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	166.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 05 / 18 / 2015

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div></div> <div>50.00</div> </div>	
City Monroe	State LA	Zip Code 71201	<b>Transaction ID : e1a21303-4c63-4093-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>001</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div></div> 89.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 745 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Mailing Address 300 Evangeline St			Amount <span style="border:1px solid black; padding:2px;">11.40</span>	
City Monroe	State LA	Zip Code 71201	Transaction ID : 451955b1-0198-4169-8	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Mailing Address 1025 Cayley Ct			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City High Point	State NC	Zip Code 27260	Transaction ID : 333dcbb6-2226-416e-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 11 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">91.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 746 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Mailing Address 1025 Cayley Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.90</div>		
City High Point	State NC	Zip Code 27260	<b>Transaction ID : e49db6a1-66b2-493a-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Mailing Address 7 Bards Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Fletcher	State NC	Zip Code 28732	<b>Transaction ID : 2174b873-b636-4ca8-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">61.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 747 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 6e8359b1-4258-446c-9
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">112.50</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 2cebb341-cf53-4ee6-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">117.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 4902 Catawba Dr		Amount 22.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2e1f7a5a-ef43-4220-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 112.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 5ef7b2b8-c129-49ba-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	134.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 749 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address    1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">21.00</span>		
City High Point	State NC	Zip Code 27260	Transaction ID : 0decec02-c9dc-48a7-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 86424904-2265-41a1-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">61.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 750 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">10.80</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 64eea8cf-c0f2-45b4-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 02894f02-ce60-41a5-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">90.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 751 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">28.80</span>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 309d0c87-1f12-4867-a	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    7151 Mullins Drive			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City Saltville	State VA	Zip Code 24370	Transaction ID : 791475cb-4070-4105-b	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">118.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

(a) SUBTOTAL of Itemized Independent Expenditures.....		108.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 753 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>
Mailing Address <b>100 ASBURY CT</b>		Amount <b>50.00</b>
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>a7239029-652a-4600-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>
Mailing Address <b>100 Asbury Ct</b>		Amount <b>50.00</b>
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>0a1811bf-a17c-466b-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1900 Glen West Way		Amount 6.90	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : ff74d463-b175-4d75-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	56.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 755 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 100 Asbury Ct		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 11 2014</span> </div> </div>	
City Winchester	State VA	Zip Code 22602	Transaction ID : a97b60b8-517a-409c-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 11 2014</span> </div> </div>	
City Winchester	State VA	Zip Code 22602	Transaction ID : ca16e629-2c83-44c2-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>120.00</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

Full Name of Payee <b>Amber M Gregory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1710 Elfen Glen St Apt 114B		Amount 30.00	
City Van Buren	State AR	Zip Code 72956	<b>Transaction ID : 0954b6fd-0616-47a3-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	90.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 757 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Amber M Gregory</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address <b>1710 Elfen Glen St Apt 114B</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City <b>Van Buren</b>	State <b>AR</b>	Zip Code <b>72956</b>	Transaction ID : <b>41916397-9bba-4895-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address <b>2013 Woodwind Way</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Van Buren</b>	State <b>NC</b>	Zip Code <b>72956</b>	Transaction ID : <b>4a43d839-2b22-4737-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">29.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 758 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2013 Woodwind Way			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City Van Buren		State NC	Zip Code 72956		Transaction ID : 1696b65c-6823-432e-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : d5840a9b-e28f-40a5-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 759 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.80</div>		
City METAIRIE		State LA	Zip Code 70003		<b>Transaction ID : 0e75f00c-27ee-4ef2-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 18065 Wayne Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Odessa		State FL	Zip Code 33556		<b>Transaction ID : 642b369b-bf0a-4e4a-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">56.80</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 760 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>55.00</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>2f675162-8b1c-4e9c-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>47.31</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>ec7709f9-c711-469d-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>102.31</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature



Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Mailing Address 1434 South Avenue			Amount <div> <div>13.50</div> </div>		
City Eden	State NC	Zip Code 27288	<b>Transaction ID : c125fbf0-43ae-4a73-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	113.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 762 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>30.00</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>870f8e58-af35-4035-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 11 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>3.90</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>7c2d40f6-6ca1-442a-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>33.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 763 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 40.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 37038477-4778-493c-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : ef438c0f-b393-45c1-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	47.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 764 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 12 / 2014         </div>		
Mailing Address 525-K East Market Street 114			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 5.43         </div>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 7b4e16c8-5ef9-4d90-a
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 12 / 2014         </div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 12 / 2014         </div>		
Mailing Address 525-K East Market Street 114			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 8.42         </div>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : ab8ac0d0-7e85-4155-8
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 12 / 2014         </div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 13.85         </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . .         </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            05 / 18 / 2015         </div>		

[Electronically Filed]

Full Name of Payee <b>Paramount</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 525-K East Market Street 114		Amount 5.50	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 5da75819-4432-4a11-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Blast Emails		Category/ Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	11.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 766 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Paramount</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>525-K East Market Street 114</b>		Amount <b>384.86</b>	
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>	Transaction ID : <b>db10706-1714-4953-b</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Paramount</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>525-K East Market Street 114</b>		Amount <b>5.50</b>	
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>	Transaction ID : <b>837641da-d6fc-4628-a</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>390.36</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 767 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>1223 Silver Sage Dr Apt 303</b>		Amount <b>20.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>a2a02cd8-aa96-469c-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>1223 Silver Sage Dr Apt 303</b>		Amount <b>6.39</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>6902418a-0f68-434f-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>26.39</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 86055331-c61d-4992-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 4967 Dysartville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : d21b21e3-73d0-4861-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 769 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              . . . / . . . / . . . . . .           </div>	

Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              09 / 12 / 2014           </div>		
Mailing Address 4967 Dysartsville Rd			Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 10.50           </div>		
City Morganton	State NC	Zip Code 28655	Transaction ID : <b>b2991d76-6d6d-41ab-8</b>		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              09 / 12 / 2014           </div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 1095959.94           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Elizabeth M Moore</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              09 / 12 / 2014           </div>		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 20.00           </div>		
City Raleigh	State NC	Zip Code 27606	Transaction ID : <b>45054bf3-0c14-4462-9</b>		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              09 / 12 / 2014           </div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 1095959.94           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 30.50           </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 9.96	
City	State	Zip Code	Transaction ID : 466fac6e-0d2d-477b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Raleigh	NC	27606	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought:	<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Ms. Kay Hagan		Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 409 LaSalle Drive		Amount 10.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : <b>b18f778e-d105-47e0-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.96
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

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Date  /  /

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 771 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 409 LaSalle Drive		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 12 2014</span> </div> </div>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 1aa6dc96-7eee-4c21-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 409 LaSalle Drive		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 12 2014</span> </div> </div>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : d04dfb03-7d06-4e5d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>10.30</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

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Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 772 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Monique Guillory</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    409 LaSalle Drive			Amount <span style="border: 1px solid black; padding: 2px;">0.30</span>		
City    Little Rock		State    AR	Zip Code    72211		Transaction ID : 905635f9-add1-4cf1-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    448 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City    Wake Forest		State    NC	Zip Code    27587		Transaction ID : 6dd32fbd-4f6d-4c08-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 7.83	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 6156c21a-ab78-4247-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	40.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 211 Pearl St		Amount 65.00	
City Drexel	State NC	Zip Code 28619	Transaction ID : 2859e6b5-c699-404b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	97.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 775 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>William M Goldsmith</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address    211 Pearl St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">21.63</div>		
City Drexel	State NC	Zip Code 28619	<b>Transaction ID : 5d200c8c-3332-4782-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: 00  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: NC         </div> </div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address    7214 Duchamp Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City Charlotte	State NC	Zip Code 23215	<b>Transaction ID : 1fd1b453-9110-48c3-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: 00  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: NC         </div> </div>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">41.63</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 776 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12.90         </div>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	<b>Transaction ID : 9226eac4-b215-428a-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           30.00         </div>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	<b>Transaction ID : ec80c321-3cb6-42e1-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">42.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 777 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70131</b>		<b>Transaction ID : 7fc5d73f-5cbb-4129-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address <b>450 Judson Dr</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City <b>Wake Forest</b>		State <b>NC</b>	Zip Code <b>27587</b>		<b>Transaction ID : 8230b301-cd64-406e-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">49.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 778 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address    450 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City    State    Zip Code Wake Forest    NC    27587		Transaction ID : 4912a422-c3cc-4ee0-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City    State    Zip Code Conway    AR    72032		Transaction ID : 1b7c001d-2554-4b1c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">25.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 779 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">12.60</span>		
City Conway	State AR	Zip Code 72032	Transaction ID : 43e98bea-6b12-4473-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 26fb286c-6ba9-426d-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">32.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 780 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Sandra L Clarke</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border:1px solid black; padding:2px;">25.00</span>	
City Conway	State AR	Zip Code 72032	Transaction ID : 2e05d069-cd11-4ada-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Mailing Address 160 #50 Pompano Dr			Amount <span style="border:1px solid black; padding:2px;">45.00</span>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 3b336130-ba48-48d4-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">70.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div></div> <div>25.00</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : c9849c7d-ffdd-438c-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>292370.62</div> </div>		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	30.73
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 4c71c64a-42b6-4793-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cecilia A Rebrick</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
Mailing Address 5003 Allison Lane		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : eaf29495-a6fa-4c93-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 783 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>5003 Allison Lane</b>		Amount <b>1.50</b>	
City <b>Ft. Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>6d43a643-e2ed-482c-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>100.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>f4b534d9-31a7-46b0-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>101.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 784 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address <b>1434 South Avenue</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div>		
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	<b>Transaction ID : d3176dd7-8c4b-4da3-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address <b>2090 Fancy Gap Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	<b>Transaction ID : ea339b11-039e-4aa9-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">54.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 785 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">24.84</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 91702e0a-b0f7-41b8-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tammay Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2014		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City New Orleans	State LA	Zip Code 70116	Transaction ID : f0f0408d-eaee-4ca9-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">104.84</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Nathan S Shaw</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 5726 NC Hwy 66 S		Amount 25.00	
City King	State NC	Zip Code 27021	Transaction ID : a2c0e3d0-8d56-469b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	40.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 787 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Nathan S Shaw</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5726 NC Hwy 66 S			Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>		
City King		State NC	Zip Code 27021		Transaction ID : fcfb7c02-74f1-4e47-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8822 Apple St			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 50efb97d-b43a-4d61-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 907 Randall Drive		Amount 35.70	
City	State	Zip Code	Transaction ID : 85af79b2-c7d9-4bbf-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	75.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 789 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>d62cf21a-32f5-4172-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.11</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>ec2dc935-f6d3-4a15-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">72.11</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 988b23f8-40bb-4e0a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>140.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 44 Bell Street Ext		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7a7b6798-c8af-4371-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	103.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 792 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">33.60</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>d5b09e43-f796-487f-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1900 Glen West Way</b>			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72916</b>	Transaction ID : <b>6883bc6d-3351-4709-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">108.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1900 Glen West Way		Amount 4.20	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : aac75037-d5ba-448b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		292370.62	

Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>	
Mailing Address 3 Girard St		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Ft Smith	State AR	Zip Code 72901	<b>Transaction ID : f252ee65-f9f0-41e4-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 794 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address    3 Girard St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.60</div>		
City <b>Ft Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		<b>Transaction ID : 7f5043b7-980e-492c-8</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address    3 Girard			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		<b>Transaction ID : f74d3d30-a0ce-4a2f-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">72.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 795 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3 Girard			Amount <span style="border: 1px solid black; padding: 2px;">13.20</span>		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 9715ce25-3ad5-4923-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : d17f56d7-745f-4a22-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 796 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address 6412 Osage Dr			Amount <span style="border:1px solid black; padding:2px;">9.24</span>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : f05aa574-7bef-4d89-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Virginia T Grant</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address 134 Shore Crest Circle			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City Carriere	State MS	Zip Code 39426	Transaction ID : c438ec21-b0c0-4cce-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">29.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Virginia T Grant</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    134 Shore Crest Circle			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Carriere	State MS	Zip Code 39426	Transaction ID : <b>df7066f8-5984-4964-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>1ab6190a-6fa9-46a8-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    3007 Darden Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31.20</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : c4180da8-07ca-4e30-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    3007 Darden Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">62.50</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9854e073-25d1-4c5d-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">93.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>168 Emerald Hill</b>		Amount <b>117.50</b>	
City <b>Forest City</b>	State <b>NC</b>	Zip Code <b>28043</b>	Transaction ID : <b>b7b340bf-19bd-4f86-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>2329 Runnymede Dr</b>		Amount <b>60.00</b>	
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>cc3ab236-0cf0-41d4-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>177.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 800 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address 3315 Cardinal Ridge Rd			Amount <b>50.00</b>	
City Greensboro	State NC	Zip Code 27410	Transaction ID : <b>c2b366d5-8901-4966-9</b>	
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address 3315 Cardinal Ridge Rd			Amount <b>27.30</b>	
City Greensboro	State NC	Zip Code 27410	Transaction ID : <b>36c1b79d-f5cb-4744-9</b>	
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>77.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 801 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount <span style="border:1px solid black; padding:2px;">23.00</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 5f1d1290-4efc-4878-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount <span style="border:1px solid black; padding:2px;">7.50</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 122c21e8-5eab-425c-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">30.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 802 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City Sterling		State VA	Zip Code 20165		Transaction ID : 32ef6d3c-958e-4c16-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border:1px solid black; padding:2px;">55.00</span>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 089f10fe-51b5-4d90-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">105.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 803 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 110 W Pecan St		Amount 37.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7f71e4be-eee0-4e2c-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 100.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 26852ccc-462d-4b0c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		137.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 804 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">21.30</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 53d9bb1f-8ad8-4504-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">27.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : d13ba430-8334-438c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 805 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>
Mailing Address <b>220 Doucet Rd</b>		Amount <b>3.03</b>
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>6d41bc9a-6960-47c8-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>
Mailing Address <b>106 Hillside St</b>		Amount <b>130.00</b>
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>8eefa4a5-3f47-4f3c-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>133.03</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 806 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 106 Hillside St			Amount <span style="border:1px solid black; padding:2px;">49.47</span>	
City Spindale	State NC	Zip Code 28160	Transaction ID : <b>62815c1a-470e-4ae6-8</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : <b>976adbcb-6968-42e2-a</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">12</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99.47</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 16.20	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 4b01e577-fdba-49d5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>36.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 808 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Nicole N Ball</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address    2528 Mill Creek Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City Newport	State NC	Zip Code 28570	Transaction ID : d1f4d93b-42d4-443f-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Nicole N Ball</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address    2528 Mill Creek Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.80</div>		
City Newport	State NC	Zip Code 28570	Transaction ID : bf02033f-3f08-4fb5-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 809 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>282 Falls Ave</b>		Amount <b>30.00</b>	
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>	Transaction ID : <b>1d1ca8a3-3843-4d11-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>282 Falls Ave</b>		Amount <b>16.20</b>	
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>	Transaction ID : <b>923a0a8d-7df4-49e7-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>46.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 810 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>David M Bozeman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 12 / 2014</b>		
Mailing Address <b>768 Pine Haven Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28306</b>	Transaction ID : <b>c5bb3bbe-be9e-4f2c-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 12 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>David M Bozeman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 12 / 2014</b>		
Mailing Address <b>768 Pine Haven Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28306</b>	Transaction ID : <b>9919242b-21d1-4201-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 12 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">25.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 3.60	
City Lexington	State NC	Zip Code 27295	Transaction ID : f46815dc-69dd-485f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	15.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 812 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">12.10</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : 9fcc424c-efbd-4092-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cynthia Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3001 Pendell Lane			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : bae6a786-ff94-4ee1-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 813 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Cynthia Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3001 Pendell Lane			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 5241491b-fb5c-450a-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 111 Westchester Blvd Apt D4			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Slidell		State LA	Zip Code 70458		Transaction ID : 8ecf612a-ccd9-47fd-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 814 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>		Amount <b>85.00</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>f8124f68-1360-4640-9</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>		Amount <b>35.70</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>14c03e07-ac5f-48ac-b</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>120.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 815 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>			
Mailing Address <b>110 Maryella Dr</b>		Amount <b>40.00</b>			
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>f53f3424-23f3-4557-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>			
Mailing Address <b>110 Maryella Dr</b>		Amount <b>47.10</b>			
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>a48fb207-4812-4948-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>87.10</b>			
(b) SUBTOTAL of Unitemized Independent Expenditures .....					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 816 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>James W Blevins</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address 108 East Clinton St PO Box 410		Amount <div style="border: 1px solid black; padding: 2px;">30.00</div>	
City Salemberg	State NC	Zip Code 28385	Transaction ID : <b>3f797546-85ea-4eb5-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James W Blevins</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address 108 East Clinton St PO Box 410		Amount <div style="border: 1px solid black; padding: 2px;">10.11</div>	
City Salemberg	State NC	Zip Code 28385	Transaction ID : <b>3d9bbf98-3a97-4d7f-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">40.11</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature



Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 1025 Cayley Ct			Amount 15.60		
City High Point	State NC	Zip Code 27260	Transaction ID : 6bc21c5f-b94a-4ece-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	70.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 418318b0-a4fc-4af2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span>136.00</span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> <span></span> <span></span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span></span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span></span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> <span></span> <span></span> </div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 819 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address    4902 Catawba Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110.00</div>		
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 11c3c7cb-b446-45ae-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address    4902 Catawba Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.90</div>		
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 8e9ff0c0-502b-4ac7-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">131.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 820 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : f394deb7-09bf-45e4-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">9.30</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : c858f62d-bdcd-49f7-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">59.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 821 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">82.50</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : d0ad87e7-332e-4e20-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : f6c8dc6c-ec4b-48c2-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 822 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address 1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 93346ef7-57aa-42b2-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014		
Mailing Address 1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : f7dc0e13-854f-4ec9-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 823 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address 407 randall Dr		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9d3431d3-b0fc-4f3a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address 407 randall Dr		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0797a2fd-d001-4323-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 824 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 12 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>70.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>679ff3de-1de7-449d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 12 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <b>District: 00</b> <b>State: NC</b>			
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 12 / 2014</b>	
Mailing Address <b>100 ASBURY CT</b>		Amount <b>60.00</b>	
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>3e3efce4-56ca-446b-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 12 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <b>District: 00</b> <b>State: NC</b>			
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>130.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 825 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 2c657e76-8035-4be6-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>
Purpose of Expenditure Salary		Category/Type	<span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">1095959.94</span>		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : f82c3b19-def9-472f-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>
Purpose of Expenditure Salary		Category/Type	<span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">1095959.94</span>		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">130.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 826 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : a61b5a24-3068-4250-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 62f80261-339a-4ec7-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">120.00</div>				
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
(c) <b>TOTAL</b> Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> <span style="float: right;">[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></span>				

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 24.84	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 55dd8963-624c-430b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	64.84
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 828 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Mailing Address 9455 Snow Camp Road			Amount <span style="border:1px solid black; padding:2px;">55.00</span>	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : d1bb1b4e-08d3-495f-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Mailing Address 9455 Snow Camp Road			Amount <span style="border:1px solid black; padding:2px;">7.80</span>	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 35920fd7-b97a-4bbe-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 12 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">62.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

Full Name of Payee <b>Shanon Snyder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2701 Winifred		Amount 6.00	
City Metairie	State LA	Zip Code 70003	Transaction ID : 27a02404-4c5a-4001-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>36.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 830 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Trace Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 11104 Westpoint			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Little Rock		State AR	Zip Code 72211		Transaction ID : 589aee50-5cc9-43dd-a
Purpose of Expenditure Advertising		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartville			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 03fd1a00-daec-4bf0-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 831 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : <b>b581f96a-4aa5-406e-8</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : <b>86478c65-6a1d-44d7-b</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 832 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2014</span>		
Mailing Address 1410 Bushville drive			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Lenoir		State NC	Zip Code 28645		Transaction ID : a73d5477-0209-461d-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2014</span>		
Mailing Address 448 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : f2689c0c-4d73-4001-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 13 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">110.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 833 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>
Mailing Address <b>448 Judson Dr</b>		Amount <b>9.30</b>
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>4ce2ea55-7286-4e46-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Adena V Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>
Mailing Address <b>450 Judson Dr</b>		Amount <b>30.00</b>
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>6d160385-44d5-4c5b-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>39.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 202 Rue Des Cajun		Amount <div> <div>MM / DD / YYYY</div> <div>11.10</div> </div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 9c877471-7d24-43e3-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		31.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 835 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address 3 Girard St		Amount 85.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 0d00d8dd-a142-4912-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address 3 Girard St		Amount 11.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ca3758f2-56c3-4c68-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		96.10	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 836 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 2px;">32.50</span>		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 14d07cd9-7cfa-4859-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lindsey E Helms</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 301 N Clinic Apt 3			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 4812da8b-0701-49b5-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">112.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lindsey E Helms</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 301 N Clinic Apt 3			Amount <span style="border: 1px solid black; padding: 2px;">63.60</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7aa9a5d8-d670-497b-9
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">34.60</span>		
City Lexington		State NC	Zip Code 27295		Transaction ID : fd217bbb-c0ec-4d0f-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">98.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 838 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>		
City    Lexington		State    NC	Zip Code    27295		Transaction ID : 5dce00cb-5e78-45e7-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">34.60</span>		
City    Lexington		State    NC	Zip Code    27295		Transaction ID : 694345df-2740-4045-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">46.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 409 LaSalle Drive		Amount <div> <div>MM / DD / YYYY</div> <div>21.00</div> </div>	
City Little Rock	State AR	Zip Code 72211	<b>Transaction ID : ae6c23ae-7db1-4ad7-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	71.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 56108fb6-d4fd-45f5-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">22.20</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 7cfec8e0-cca0-45fd-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">72.20</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed] Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 841 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>		Amount <b>35.00</b>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>f8776ae7-d32d-41a5-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>		Amount <b>14.40</b>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>b42fec87-88ec-4cf1-9</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>49.40</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1900 Glen West Way		Amount 7.20	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f39d8d79-b6f0-4cb2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="float: right;">37.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 843 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>		
Mailing Address 615 Live Oak Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City searcy		State AR	Zip Code 72143		<b>Transaction ID : 2b4df6fc-5d29-4053-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>		
Mailing Address 615 Live Oak Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">62.82</div>		
City searcy		State AR	Zip Code 72143		<b>Transaction ID : 1227a527-69c1-41f0-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">142.82</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> 05 / 18 / 2015		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 844 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Cynthia Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3001 Pendell Lane		Amount 40.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 5e853fac-f17b-4a8a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cynthia Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3001 Pendell Lane		Amount 4.80	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 491b8fcf-ade2-414e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	44.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 845 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Kinsey E Beck</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>	
Mailing Address 103 Glenhaven Ct			Amount <span style="border:1px solid black; padding:2px;">95.00</span>	
City Harvest State AL Zip Code 35749		Transaction ID : f67d7128-91b2-4968-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Kinsey E Beck</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>	
Mailing Address 103 Glenhaven Ct			Amount <span style="border:1px solid black; padding:2px;">55.20</span>	
City Harvest State AL Zip Code 35749		Transaction ID : 35cde695-2b3c-4e7b-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>		
Purpose of Expenditure Mileage		Category/Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">150.20</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 168 Emerald Hill		Amount <div> <div>Amount</div> <div>77.50</div> </div>	
City Forest City	State NC	Zip Code 28043	<b>Transaction ID : 2b265a13-4b3e-4b19-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		172.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>James W Blevins</b> Originally Reported Twice by mistake		Date of Public Distribution/Dissemination <div> <div>09</div> <div>13</div> <div>2014</div> </div>	
Mailing Address 108 East Clinton St PO Box 410		Amount <div>7.71</div>	
City Salemburg	State NC	Zip Code 28385	Transaction ID : <b>2ae05446-a6a7-4f5f-8</b> Date of Disbursement or Obligation <div> <div>09</div> <div>13</div> <div>2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div>002</div>		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div>1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	27.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 848 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    180 McNeil Steep Hollow Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Carriere	State MS	Zip Code 39426	Transaction ID : 0c052e94-8214-44e2-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer F Gilbert</b> Originally reported \$.60, corrected with filing			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    180 McNeil Steep Hollow Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City Carriere	State MS	Zip Code 39426	Transaction ID : 266bb743-00f9-414a-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 849 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>Ruthie M Thompson</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address <b>286 Wrenn Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>		
City <b>Lexington</b>		State <b>NC</b>	Zip Code <b>27292</b>		Transaction ID : <b>6b7e2252-a4f0-49ab-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ruthie M Thompson</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address <b>286 Wrenn Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.23</div>		
City <b>Lexington</b>		State <b>NC</b>	Zip Code <b>27292</b>		Transaction ID : <b>c84026df-db02-4a84-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">67.23</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 850 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>	
Mailing Address 915 E Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Searcy	State AR	Zip Code 72149	Transaction ID : 113aa5e0-122f-4cb4-a Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>	
Mailing Address 915 E Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">57.60</div>	
City Searcy	State AR	Zip Code 72149	Transaction ID : 88e94f5b-ce21-4b62-b Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">137.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 851 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kay Davis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Mailing Address <b>5117 Carr Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>Grifton</b>	State <b>NC</b>	Zip Code <b>28530</b>	Transaction ID : <b>c62fd28a-54cf-40bc-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kay Davis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Mailing Address <b>5117 Carr Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">11.10</span>		
City <b>Grifton</b>	State <b>NC</b>	Zip Code <b>28530</b>	Transaction ID : <b>c251b599-0f06-4e4e-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.10</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 852 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4db7b34a-ee3a-40b3-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : cd0c4a11-9a29-40dd-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>		
Mailing Address 282 Falls Ave			Amount <div> <div>Amount</div> <div>32.70</div> </div>		
City Granite Falls	State NC	Zip Code 28630	<b>Transaction ID : 7ec35d55-c442-4f67-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	82.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 2506 Bolch Street		Amount 13.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : c90830d0-86f0-4249-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	33.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 205 Medallion Circle		Amount 13.80	
City Shreveport	State LA	Zip Code 71119	Transaction ID : f10684f7-6a6f-47e9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ➤	33.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ➤	
(c) <b>TOTAL</b> Independent Expenditures..... ➤	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 856 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mattie Harris</b> Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address 3654 Tara St		Amount 85.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 4edd80db-33d5-4c94-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mattie Harris</b> Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address 3654 Tara St		Amount 45.00	
City springdale	State AR	Zip Code 72762	Transaction ID : e36675d3-7c44-44eb-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 857 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address <b>312 S Gunter St</b>		Amount <b>40.00</b>	
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>a407cfe7-4831-4b7e-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address <b>312 S Gunter St</b>		Amount <b>6.00</b>	
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>d22697ac-6e0f-4583-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>46.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 858 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address <b>106 Hillside St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">77.50</div>		
City <b>Spindale</b>		State <b>NC</b>	Zip Code <b>28160</b>		Transaction ID : <b>593d004c-ea8d-4568-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address <b>106 Hillside St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.38</div>		
City <b>Spindale</b>		State <b>NC</b>	Zip Code <b>28160</b>		Transaction ID : <b>c95d18ad-f43d-4764-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">111.88</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 859 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Hannah E Baker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5307 South State Road 135			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City Morgantown		State IN	Zip Code 46160		Transaction ID : <b>8fba87d4-f50a-4eb6-9</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Lafayette		State LA	Zip Code 70503		Transaction ID : <b>ff7494bb-c280-4bd7-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">105.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 860 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 13 / 2014</b>		
Mailing Address <b>220 Doucet Rd</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>1.92</b>		
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	<b>Transaction ID : e021cd4d-49a8-4d8a-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 13 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>002</b></div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>554635.78</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 13 / 2014</b>		
Mailing Address <b>102 S Main Street Apt A2</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>80.00</b>		
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	<b>Transaction ID : 10d2a49e-110d-44f2-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 13 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>001</b></div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>81.92</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>05 / 18 / 2015</b>		
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 861 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Mailing Address 6101 NORA ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.00</div>	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary			Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Mailing Address 6101 NORA ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2.40</div>	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Mileage			Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">77.40</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>	
[Electronically Filed]				

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 407 randall Dr		Amount 80.00	
City	State	Zip Code	Transaction ID : ce6e8be8-acf2-489f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 407 randall Dr		Amount 69.00	
City	State	Zip Code	Transaction ID : 183620ac-b275-4cfe-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	149.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 863 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Courtney Goldstein</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div>		
Mailing Address 1809 N Woodlawn			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.50</div>		
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 4d8c1562-aacc-47b6-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Courtney Goldstein</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div>		
Mailing Address 1809 N Woodlawn			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.20</div>		
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 0ecdcd7ff-c5fc-4a27-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19.70</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 864 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3007 Darden Rd		Amount 92.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : da62a869-21a2-4588-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3007 Darden Rd		Amount 34.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 7112ab68-6467-41a7-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	127.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 80.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 9159a1e7-7aae-49a1-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>172.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 866 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 168 Graduate Lane Apt 324			Amount <span style="border: 1px solid black; padding: 2px;">35.40</span>		
City Boone		State NC	Zip Code 28607		Transaction ID : 2aa9f7c1-47a0-424e-b
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lisa a Bernardini</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1326 East Field St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 2d3cfc00-d9f3-4cb6-8
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 867 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Lisa a Bernardini</b> 48 Hour report showed \$348.60, amount corrected-need reference		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Mailing Address <b>1326 East Field St</b>		Amount <b>18.60</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>59dfa5bd-6fc4-4693-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Mailing Address <b>2329 Runnymede Dr</b>		Amount <b>60.00</b>	
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>4ed4e94c-d5c9-455c-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>78.60</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">8.40</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : f969c66e-77b9-49fc-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 33f4390d-d4dc-4557-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Adrian Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 4367 Split Log Rd		Amount 80.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 1ed98de2-81ff-4b37-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		88.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 870 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Adrian Dudley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>	
Mailing Address 4367 Split Log Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Goodman	State MO	Zip Code 64843	Transaction ID : 412d4475-7291-4196-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Katlyn P Bernardini</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>	
Mailing Address 1326 East Field St			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Conway	State AR	Zip Code 72034	Transaction ID : 9130a3cf-0c26-4afb-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 13 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">130.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 63.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 1a358605-f7fd-4c30-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	81.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 872 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address <b>4367 Splitlog Rd</b>		Amount <b>80.00</b>	
City <b>Goodman</b>	State <b>MO</b>	Zip Code <b>64843</b>	Transaction ID : <b>fa1fa338-369d-4b5f-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address <b>4367 Splitlog Rd</b>		Amount <b>27.00</b>	
City <b>Goodman</b>	State <b>MO</b>	Zip Code <b>64843</b>	Transaction ID : <b>56ef00cb-0b4d-4cb7-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>107.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 3110 Brentwood Rd		Amount <div> <div></div> <div>17.70</div> </div>	
City Raleigh	State NC	Zip Code 27604	<b>Transaction ID : c5b0a40f-f80c-45a5-b</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 13 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	102.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

Full Name of Payee <b>Sandra C Montalbano</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 4177 Lowerline St		Amount 3.60	
City Slidell	State LA	Zip Code 70461	Transaction ID : <b>de18a4aa-50e9-4d22-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	53.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4691 Hercules Lane			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : a7a37ab3-8e82-4549-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : fa78c328-7c70-4eec-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">AR</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">115.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 876 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 13 / 2014</div>		
Mailing Address 6412 Osage Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">7.95</div>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : a0fa0874-c7e1-42c8-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 13 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 13 / 2014</div>		
Mailing Address 6544 Arno College Grove Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">90.00</div>		
City College Grove		State TN	Zip Code 37046		Transaction ID : 7579a700-1268-4c58-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 13 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">97.95</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 877 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 119629c0-1593-4adf-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">87.90</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : a1be3c1b-b112-491d-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">177.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 86.67	
City Elgin	State SC	Zip Code 29045	Transaction ID : 697620b9-707f-424b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	216.67
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div>130.00</div> </div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : dded8822-7d25-4c90-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>260.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">130.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : bc022fca-358d-4a33-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">50.49</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d82e750-836b-4b51-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">180.49</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 881 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Mailing Address    2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>0a3c2315-35f4-439d-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Mailing Address    2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">61.74</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>224c0e63-6ae1-4598-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 13 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">141.74</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 882 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>		
Mailing Address <b>2320 Saint Nick Dr</b>		Amount <b>70.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>a6a48db8-ba5d-4d49-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>		
Mailing Address <b>2320 Saint Nick Dr</b>		Amount <b>13.50</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>b98ebd28-8d8f-4d2c-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>83.50</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 2013 Woodwind Way		Amount 7.50	
City Van Buren	State NC	Zip Code 72956	Transaction ID : fe294970-272e-428d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>42.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 884 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 13 2014</span> </div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : eb30f103-687b-4d84-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>292370.62</span> </div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 13 2014</span> </div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : f0a047b2-3908-4f88-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>292370.62</span> </div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>35.20</span> </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 9705dac2-8193-4cf5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>43.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 12.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 64cd861c-61ba-4481-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>32.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 887 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Mailing Address <b>20679 Glenbrook Terrace</b>		Amount <b>20.00</b>	
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>	Transaction ID : <b>a44c7016-9e34-4cac-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Mailing Address <b>110 Maryella Dr</b>		Amount <b>80.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>5b2395f3-ea46-41ef-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>100.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 110 Maryella Dr		Amount \$ 59.40	
City	State	Zip Code	Transaction ID : 063ca8a3-00d4-48a3-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2014</div> </div>	
Mailing Address 160 #50 Pompano Dr		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City New Bern	State NC	Zip Code 28560	<b>Transaction ID : e5be602f-701a-429a-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	89.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 889 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 20b13a28-912a-4e52-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014		
Mailing Address    2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : f1e0779d-3e83-447a-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">45.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 890 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    2329 Runnymede Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.30</div>		
City Marrero	State LA	Zip Code 70072	Transaction ID : c5576e62-ce69-40f0-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    3 Girard			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.00</div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 4e60eef8-9529-4ce5-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">81.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 891 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Mailing Address <b>3 Girard</b>			Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>b28f2f7b-b186-4743-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Royce W Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Mailing Address <b>317 Farris Rd Apt 1</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>461662b8-c3c4-49bd-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">24.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 892 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address <b>317 Farris Rd Apt 1</b>		Amount <b>7.50</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>a68fc441-dafb-47f7-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address <b>272 Westgate Ct Apt 6</b>		Amount <b>34.10</b>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>fe6e49bb-5f80-4632-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>41.60</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 893 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">12.90</span>		
City <b>Lexington</b>		State <b>NC</b>	Zip Code <b>27295</b>		Transaction ID : <b>62ea6e9d-2292-4ff4-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>200 Carawood Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">34.10</span>		
City <b>Lexington</b>		State <b>NC</b>	Zip Code <b>27295</b>		Transaction ID : <b>29f3f21c-7c1c-432a-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 894 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : e4a9b232-7c4b-435d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 13.50	
City New Orleans	State LA	Zip Code 70131	Transaction ID : efdc95f7-d914-488d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 895 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Mailing Address <b>110 W Pecan St</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>02da47c1-d6c3-454a-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Mailing Address <b>110 W Pecan St</b>			Amount <span style="border: 1px solid black; padding: 2px;">37.80</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>77d4a9a3-7ab7-443b-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 896 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>60.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>43bb7792-5a93-45bc-b</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>11.40</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>5255f554-10d5-4d81-8</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>71.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 897 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>	

Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 14 / 2014</div> </div>		
Mailing Address <b>300 Evangeline St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>		
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	<b>Transaction ID : 98ea8cdc-a18c-446e-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 14 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 14 / 2014</div> </div>		
Mailing Address <b>300 Evangeline St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.00</div>		
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	<b>Transaction ID : d0085343-87cf-46b3-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 14 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;">54.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 6412 Osage Dr		Amount 13.80	
City North Little rock	State AR	Zip Code 72116	Transaction ID : ad5e8374-0a18-451a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	38.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : ac841a7b-f12a-4428-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	➤	46.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	➤	
(c) <b>TOTAL</b> Independent Expenditures.....	➤	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 900 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 75d0d7a0-85b9-4c23-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">69.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 1ee9a988-142b-4e62-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 14 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">149.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 901 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>4b57637b-61e4-4329-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lily Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">69.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>a25506f4-6bd6-400f-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">149.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 902 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>28.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>2dfa8264-d8fc-4856-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>1.89</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>d1c0c2a3-880a-49cf-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>29.89</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 903 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014	
Mailing Address 18065 Wayne Rd		Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>	
City Odessa	State FL	Zip Code 33556	<b>Transaction ID : 385ac875-a4cd-4894-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 4690c192-c0a3-462e-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">100.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2014</div> </div>	
Mailing Address 1436 Haigs Creek Dr		Amount <div> <div>80.00</div> </div>	
City Elgin	State SC	Zip Code 29045	<b>Transaction ID : ff7890cc-5cf4-4fd2-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	92.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 905 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">59.97</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 1ce6eba1-b275-40a4-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 964d8dc0-db52-46ee-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">109.97</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 906 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>6101 NORA ST</b>			Amount <span style="border:1px solid black; padding:2px;">2.10</span>		
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>ca48d71a-e334-4e69-a</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>9909 Treasure Hill Rd</b>			Amount <span style="border:1px solid black; padding:2px;">35.00</span>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>303a62b8-ff5c-42c7-a</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">37.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 907 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 14 / 2014</div>	
Mailing Address 9909 Treasure Hill Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.20</div>	
City Little Rock		State AR	Zip Code 72205	
Purpose of Expenditure Mileage			Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 14 / 2014</div>	
Mailing Address 111 Westchester Blvd Apt D4			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>	
City Slidell		State LA	Zip Code 70458	
Purpose of Expenditure Salary			Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">64.20</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> <span style="float: right;">[Electronically Filed]</span> Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 908 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address 168 Graduate Lane Apt 324		Amount <b>70.00</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>f76debd4-ef28-4e34-9</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brooke A Gilham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address 168 Graduate Lane Apt 324		Amount <b>35.40</b>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>387ba326-1241-40f8-9</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>105.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 1103 West Wilson Street			Amount 39.60		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 91d70c67-4fa0-4d29-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	109.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 562da5de-d8e4-434f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Kelly Dolan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 543 S 2nd St		Amount 9.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 689dd891-b76b-44bd-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	79.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 911 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>50.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>0f357974-5dc7-4460-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>24.90</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>fccf1077-0d3b-4994-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>74.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 409 LaSalle Drive		Amount 15.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : c0faf264-273c-407a-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 409 LaSalle Drive		Amount 3.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : e3fb8ba2-24ba-4a01-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	18.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 913 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 409 LaSalle Drive		Amount 35.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 3eb2963a-9d3a-46b1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 1b3d5368-6957-44f8-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 914 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Mailing Address <b>2506 Bolch Street</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           80.00         </div>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71104</b>	<b>Transaction ID : 5e52628e-391c-4127-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Mailing Address <b>2506 Bolch Street</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           51.60         </div>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71104</b>	<b>Transaction ID : 174f517f-775f-4ae1-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 12 / 2014         </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">131.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 915 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>55.00</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>f186e139-3a03-4151-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>15.30</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>3176771f-5262-4431-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 12 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>70.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 916 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Elizabeth M Moore</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address    1223 Silver Sage Dr Apt 303			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>931d76ae-ad6e-4b53-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Elizabeth M Moore</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Mailing Address    1223 Silver Sage Dr Apt 303			Amount <span style="border: 1px solid black; padding: 2px;">6.39</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>c242cb77-0567-41cb-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 11 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.39</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 917 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Caleb A Rowan</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>	
Mailing Address 14619 Brown Bear Dr P.O. Box 7481		Amount <b>80.00</b>	
City Little Rock	State AR	Zip Code 72223	Transaction ID : cf2d5a9c-45ad-434b-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address 7214 Duchamp Dr		Amount <b>50.00</b>	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 6eec0370-847c-4957-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>130.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">11.40</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : f2ed114f-e8e3-41bc-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1010 S Dogwood Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 132fc56f-7f90-4ac7-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1010 S Dogwood Drive			Amount <span style="border: 1px solid black; padding: 2px;">16.80</span>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 2f24ea39-2552-4d34-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4e1d31ba-949d-4dfc-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">36.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 920 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address    205 Medallion Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15.30</div>		
City Shreveport		State LA	Zip Code 71119		Transaction ID : d222a915-975a-4570-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>		
Mailing Address    4967 Dysartville			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City Morganton		State NC	Zip Code 28655		Transaction ID : a24c6953-d723-4692-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">95.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 370bcaa5-4937-4ab7-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 1f53efb3-7978-4744-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 922 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>	
Mailing Address 5003 Allison Lane			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : <b>9ea1a038-f923-464e-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>	
Mailing Address 5003 Allison Lane			Amount <span style="border:1px solid black; padding:2px;">1.50</span>	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : <b>acff5df9-d5c0-4066-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">31.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>		
Mailing Address <b>345 Auroura Ave</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	<b>Transaction ID : 4256f209-de3b-486c-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>		
Mailing Address <b>345 Auroura Ave</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.05</div>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	<b>Transaction ID : 963025dc-47f2-4622-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">52.05</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 924 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>50.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>3d3f54c2-04ab-4296-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>21.60</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>43941e41-ed92-4b37-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>71.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 925 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address <b>Split Oak Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>charlotte</b>	State <b>NC</b>	Zip Code <b>28227</b>	Transaction ID : <b>2e3177f2-6f46-47fa-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address <b>Split Oak Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">14.04</span>		
City <b>charlotte</b>	State <b>NC</b>	Zip Code <b>28227</b>	Transaction ID : <b>88624c96-61a7-49ff-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.04</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 926 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    3 Girard			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : d3548b1f-4421-4efa-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    3 Girard			Amount <span style="border:1px solid black; padding:2px;">18.30</span>	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 9e0a3337-c672-472d-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">78.30</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 927 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address 300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : 43f3ea6b-b76d-4a71-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address 300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">21.60</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : 80303bb8-92ab-4295-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">81.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 928 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 84bfef2e-a0c9-4e3e-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 77225dee-eb36-4f7b-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>Rachel H Young</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 19.50	
City	State	Zip Code	Transaction ID : 1aede82a-1845-4134-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>39.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 930 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 101 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 963ab06c-2e3e-4a55-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : 3de9cfbd-17a7-4f97-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 931 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>		
Mailing Address    1691 Fork Mtn Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">24.90</div>		
City <b>Bakersville</b>		State <b>NC</b>	Zip Code <b>28705</b>		Transaction ID : <b>856f2008-d5a6-4fb8-8</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>		
Mailing Address    450 Judson Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">45.00</div>		
City <b>Wake Forest</b>		State <b>NC</b>	Zip Code <b>27587</b>		Transaction ID : <b>dfdc2a01-8d2b-428d-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">69.90</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 932 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 168 Emerald Hill		Amount 65.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 8a5db773-3ec9-4c34-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 65.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : efba7303-492f-42a3-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 147 Possum Trot Rd			Amount <span style="border: 1px solid black; padding: 2px;">25.20</span>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 0fbebe5e-9b05-4a30-8		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ff8e58dd-3376-492d-8		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City    State    Zip Code Spruce Pine    NC    28777		Transaction ID : bcd99ffa-d22f-4faa-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">21.50</span>		
City    State    Zip Code Raleigh    NC    27610		Transaction ID : 1348c845-6e55-4947-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">86.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 935 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address 4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 83161e1c-fe60-4d55-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address 7151 Mullins Drive			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Saltville	State VA	Zip Code 24370	Transaction ID : c5f861ce-ba5f-44dc-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 936 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 7151 Mullins Drive			Amount 30.30	
City Saltville	State VA	Zip Code 24370	Transaction ID : 8e752d72-23ab-4be3-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 2565 Shire Circle			Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b38cd7cf-c848-4be5-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	50.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3654 Tara St		Amount 36.00	
City springdale	State AR	Zip Code 72762	Transaction ID : c5d1d09d-0d96-4068-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	76.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 938 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 100.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : fc776044-67a0-46ca-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 22.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 1e1d302e-f4f2-4fa3-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	122.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 939 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 15 / 2014		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : 350ccb2d-99d6-45a7-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 15 / 2014			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 15 / 2014		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">39.00</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : aba65613-c140-4f39-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 15 / 2014			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">104.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 940 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>20.00</b>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>69b73b06-3aaa-4b6b-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>20.00</b>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>415d5095-294b-434a-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>40.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 941 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount 60.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 8235e4f9-db25-4ed6-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount 13.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 32abfa66-3117-486f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 942 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 282 Falls Ave			Amount 30.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 50e51487-8757-4a33-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 282 Falls Ave			Amount 17.40		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : e3994863-3a66-411f-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	47.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 943 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	<b>Transaction ID : 8d31d8b3-2419-40ee-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.80</div>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	<b>Transaction ID : 1836ccf9-5f87-496e-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">24.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 944 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 15 / 2014		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : eed3fbee-0c85-4d10-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 15 / 2014		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.25</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 778c314a-9499-42f7-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">27.25</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		



Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 205 Medallion Circle			Amount 70.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3aee4e0a-9c93-4da2-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 205 Medallion Circle			Amount 24.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : b4d76899-2062-40ed-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	94.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Meagan M Cates</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 1425 Arden Lane		Amount <div> <div>MM / DD / YYYY</div> <div>8.49</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : d9275d61-2433-408f-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>48.49</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 947 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>a8b82d90-dc94-4f48-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.45</span>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>fea638c9-2516-4478-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">23.45</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 948 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>47f40d8f-2359-456d-b</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Brooke A Gilham</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Mailing Address <b>168 Graduate Lane Apt 324</b>			Amount <span style="border:1px solid black; padding:2px;">36.60</span>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>889714e2-3c82-4321-b</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">116.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 949 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Mailing Address    2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">40.00</span>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>8ddfa1b1-16ec-4314-8</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Mailing Address    2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">12.00</span>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>8ddbcf3e-07cb-4ece-9</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">52.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	
Signature				

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 40.00	
City	State	Zip Code	Transaction ID : 394db709-f4fa-4a84-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div></div> <div>23.52</div> </div>	
City	State	Zip Code	<b>Transaction ID : 8b55bb41-15cd-4f8b-9</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 15 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		<div> <div></div> <div>292370.62</div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	63.52
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 951 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address <b>1103 West Wilson Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>25e61d70-92a8-4511-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address <b>1103 West Wilson Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">39.30</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>25331a0b-96eb-4e9f-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">94.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 106 Hillside St		Amount 75.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 13dc39a3-632e-4bd0-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 106 Hillside St		Amount <div> <div>Amount</div> <div>27.99</div> </div>	
City Spindale	State NC	Zip Code 28160	<b>Transaction ID : 320d92b2-4000-4d98-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>102.99</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 953 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 5517d4f3-57c0-473f-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 6101 NORA ST			Amount 3.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 0019e43c-bfb6-4a81-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	73.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 6.30	
City Little Rock	State AR	Zip Code 72212	Transaction ID : db3329eb-3043-458c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ➤	26.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ➤	
(c) <b>TOTAL</b> Independent Expenditures..... ➤	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 955 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ruthie M Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 286 Wrenn Drive			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Lexington		State NC	Zip Code 27292		Transaction ID : 7a643d59-8238-4694-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 53520478-d528-4092-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">AR</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 24.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : <b>b44a6395-668e-4f0c-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	64.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 957 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address <b>314 Tumbleweed Dr</b>		Amount <b>35.00</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27127</b>	Transaction ID : <b>68bfbf09-ed61-40db-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address <b>314 Tumbleweed Dr</b>		Amount <b>9.00</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27127</b>	Transaction ID : <b>fabe7ea4-c455-412c-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>44.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 958 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>7f3ea15c-6efe-4cc5-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address <b>100 ASBURY CT</b>		Amount <b>50.00</b>	
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>3e071bc3-b332-4896-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>110.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 959 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>100 Asbury Ct</b>		Amount <b>50.00</b>
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>7e87c889-dcad-4b52-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>f4ab1355-10fa-422b-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>110.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 19d178b0-88a0-4127-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 10px;">120.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 448 Judson Dr			Amount 5.70		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1d26ed87-cd9a-4977-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	50.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 962 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Sterling		State VA	Zip Code 20165		Transaction ID : 3c0bd20d-9ac4-4c7b-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Marrero		State LA	Zip Code 70072		Transaction ID : ecbfadb4-d7be-485c-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 963 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">6.30</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 38aa0f87-8ed8-4461-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Elgin	State SC	Zip Code 29045	Transaction ID : e76a653a-ee08-48cf-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 964 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">27.57</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 98fc0a85-0e9d-4759-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Odessa		State FL	Zip Code 33556		Transaction ID : ff75d673-caa3-4faf-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.57</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 965 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 27cfd8f2-847a-4617-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3007 Darden Rd		Amount 32.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : adfe3d1e-4b6e-4d9e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	122.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 308 West Main Street		Amount <div> <div>115.00</div> </div>	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : <b>c8ec0130-4eec-4e4e-a</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1700 E Part Ave		Amount 52.50	
City	State	Zip Code	Transaction ID : 5efd56f3-cedc-4e83-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; text-align: right;">85.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 968 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">32.46</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 814ca7d2-8943-45c1-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Glenda McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">115.00</span>		
City Plot Mountain		State NC	Zip Code 27041		Transaction ID : ac03fe24-a4e8-48f5-8
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">147.46</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 969 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 4cbe50c7-92a2-4394-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 67086390-6b07-40ea-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 970 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>80.00</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>cc7344d7-8f35-4b6d-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>22.80</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>70235bac-40e4-4f4e-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>102.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div> <div>80.00</div> </div>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 09cba875-6552-40b2-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1025 Cayley Ct			Amount 23.70		
City High Point	State NC	Zip Code 27260	Transaction ID : 6d2e3ba6-7665-4c24-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	103.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 972 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : <b>cb11c3ad-5f0a-494f-a</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">23.40</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : <b>8b62d1e2-16f1-43b8-a</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">108.40</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 973 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carla A Wells</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address 2013 Woodwind Way		Amount <b>45.00</b>	
City Van Buren	State NC	Zip Code 72956	Transaction ID : <b>6d2aac66-b3b8-435f-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carla A Wells</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address 2013 Woodwind Way		Amount <b>4.50</b>	
City Van Buren	State NC	Zip Code 72956	Transaction ID : <b>4b95bfa9-6293-48d5-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>49.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Tammay Williams</b>		Date of Public Distribution/Dissemination <div> <div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div>09</div> <div>15</div> <div>2014</div> </div>	
Mailing Address 924 N. Prieur St		Amount <div> <div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div>80.00</div> </div>	
City New Orleans	State LA	Zip Code 70116	<b>Transaction ID : 44c2517c-d42b-4125-a</b> Date of Disbursement or Obligation <div> <div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div>09</div> <div>15</div> <div>2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div>554635.78</div> </div>		District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>110.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 975 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>924 N. Prieur St</b>		Amount <b>9.00</b>
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>32c5f55a-d366-4a9c-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>22369 Ponderosa Dr.</b>		Amount <b>50.00</b>
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>ea09f8e0-1eb0-49f1-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>59.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 976 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					

Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : f3231e17-1f61-4b93-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2121 Daniel Dr			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : f35965d0-03e1-4677-a		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">62.80</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 977 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>		
Mailing Address    2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">52.50</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 72428c91-44fb-43d9-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>		
Mailing Address    9455 Snow Camp Road			Amount <span style="border:1px solid black; padding:2px;">65.00</span>		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 3384db04-ad1d-439a-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">117.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 978 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address <b>9455 Snow Camp Road</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City <b>Snowcamp</b>		State <b>NC</b>	Zip Code <b>27349</b>		Transaction ID : <b>379e7322-a693-41ea-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>		
Mailing Address <b>1410 Bushville drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Lenoir</b>		State <b>NC</b>	Zip Code <b>28645</b>		Transaction ID : <b>0bb04b82-ec9c-4adb-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 979 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 14 / 2014		
Mailing Address 804 Roundabout Circle			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>b0d61262-aa6a-439e-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Clarissa Smith</b> <small>Originally reported as a 9/15 transaction on 48 hour report, corrected</small>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 15 / 2014		
Mailing Address HU 10233 915 E Mancet Ave			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>9bd67949-2026-40d7-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">95.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 980 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Clarissa Smith</b> Originally reported as a 9/15 transaction on 48 hour report, corrected		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>HU 10233 915 E Mancet Ave</b>		Amount <b>18.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>0eae9bf5-5fcf-40ac-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>William M Goldsmith</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>211 Pearl St</b>		Amount <b>27.50</b>	
City <b>Drexel</b>	State <b>NC</b>	Zip Code <b>28619</b>	Transaction ID : <b>342415e3-621d-44b3-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>45.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 981 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>William M Goldsmith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Mailing Address <b>211 Pearl St</b>			Amount <span style="border:1px solid black; padding:2px;">16.56</span>	
City <b>Drexel</b>	State <b>NC</b>	Zip Code <b>28619</b>	Transaction ID : <b>4703c256-e05a-4828-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 15 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 04 / 2014</b>	
Mailing Address <b>106 Hillside St</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>512d7321-229f-4e99-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 04 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">106.56</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 982 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>	
Mailing Address 106 Hillside St			Amount <span style="border:1px solid black; padding:2px;">36.00</span>	
City Spindale	State NC	Zip Code 28160	Transaction ID : 56f9e88f-f166-40e8-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 04 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>	
Mailing Address 3315 Cardinal Ridge Rd			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Greensboro	State NC	Zip Code 27410	Transaction ID : c07213fd-f363-42b3-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 15 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">86.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 983 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 15 / 2014</b>	
Mailing Address 3315 Cardinal Ridge Rd		Amount 23.10	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 701678cf-5472-47b5-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 14 / 2014</b>	
Mailing Address 112 apache Dr		Amount 15.00	
City Search	State AR	Zip Code 72149	Transaction ID : 97716968-cd41-4feb-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 14 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		38.10	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 984 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 112 apache Dr		Amount 3.00	
City Search	State AR	Zip Code 72149	Transaction ID : 8840939c-af1a-4305-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 407 randall Dr		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 88ae15de-8213-4732-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		73.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	



Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 29d10d0b-7881-4ea8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	107.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 16 / 2014</span> </div> </div>	
Mailing Address 4967 Dysartsville Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	
City Morganton	State NC	Zip Code 28655	<b>Transaction ID : 91fb7aca-0c96-406d-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 16 / 2014</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 16 / 2014</span> </div> </div>	
Mailing Address 4967 Dysartsville Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	
City Morganton	State NC	Zip Code 28655	<b>Transaction ID : 8a1a8375-73cc-4a19-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 16 / 2014</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> <div style="display: flex; justify-content: space-between;"> <span>  /  /  </span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

05 / 18 / 2015

Signature

Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 12.00	
City Conway	State AR	Zip Code 72034	Transaction ID : d4c25824-c17e-4169-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>32.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 988 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>		
Mailing Address <b>160 #50 Pompano Dr</b>		Amount <b>45.00</b>		
City <b>New Bern</b>	State <b>NC</b>	Zip Code <b>28560</b>	Transaction ID : <b>4c36ef30-7737-4183-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>		
Mailing Address <b>160 #50 Pompano Dr</b>		Amount <b>4.32</b>		
City <b>New Bern</b>	State <b>NC</b>	Zip Code <b>28560</b>	Transaction ID : <b>9e185277-1be9-4cec-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>49.32</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 989 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3315 Cardinal Ridge Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Greensboro		State NC	Zip Code 27410		Transaction ID : d29abc27-9a32-406b-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3315 Cardinal Ridge Rd			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Greensboro		State NC	Zip Code 27410		Transaction ID : c8b4a9a0-f6ec-493e-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">72.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5330 Nestleway Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 1115ba2e-a76b-423c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5330 Nestleway Dr			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : bd6ca660-b5e0-4f28-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">46.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 1010 S Dogwood Drive		Amount 45.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : db32a6e7-2c3b-4363-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 1010 S Dogwood Drive		Amount 12.90	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 87c42bcf-ddbe-4fa9-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 992 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : <b>ad779255-ffea-4b8b-a</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : <b>faffab47-13b5-4a2a-b</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">39.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 993 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>35.00</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>c4a47844-afcf-47b8-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>11.40</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>c61ad65a-1a46-4991-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>46.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 994 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>	
Mailing Address 9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Shreveport	State LA	Zip Code 71106	<b>Transaction ID : 7777a1c1-f89f-4792-9</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>	
Mailing Address 9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.30</div>	
City Shreveport	State LA	Zip Code 71106	<b>Transaction ID : 19655f7d-25fa-450c-8</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">55.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 995 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Mailing Address    4691 Hercules Lane			Amount <span style="border:1px solid black; padding:2px;">100.00</span>		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 67cdb7a2-3aaa-4bd4-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Mailing Address    1430 Sunnyside Rd			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Alma	State AR	Zip Code 72921	Transaction ID : 4696da88-3a3e-4512-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 996 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>	
Mailing Address 1430 Sunnyside Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.60</div>	
City Alma	State AR	Zip Code 72921	<b>Transaction ID : 58021e77-2616-4b5b-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>	
Mailing Address 345 Auroura Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>	
City Metairie	State LA	Zip Code 70006	<b>Transaction ID : 79524524-971d-4250-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">67.60</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>345 Auroura Ave</b>		Amount <b>9.54</b>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>ae8e3ec5-2497-4a6f-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>42.50</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>0a0611d0-2702-40e9-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>52.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 105 South Dale St		Amount <div> <div>12.00</div> </div>	
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : d64db61a-768d-40d2-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	87.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 5f78786f-3ccb-4622-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 147 Possum Trot Rd			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : 213cb4c2-edac-41c1-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">150.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1000 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    147 Possum Trot Rd			Amount <span style="border: 1px solid black; padding: 2px;">12.60</span>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : a7dd77b4-5f9a-4c79-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : a7c6e07c-478e-4be2-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]



Full Name of Payee <b>Cecilia A Rebrick</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 5003 Allison Lane		Amount <div> <div>20.00</div> </div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 1d1d1245-7e9e-4679-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>41.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1002 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Mailing Address 5003 Allison Lane			Amount <span style="border:1px solid black; padding:2px;">2.70</span>		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : <b>effedb45-1c2a-4e9a-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Mailing Address 3 Girard St			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Ft Smith	State AR	Zip Code 72901	Transaction ID : <b>914ddffe-cc30-4a54-9</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">32.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1003 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>3 Girard St</b>		Amount <b>4.20</b>	
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>34f7376e-3486-4526-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>80.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>14691916-b215-4d6b-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>84.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>3 Girard</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		Transaction ID : <b>d4a8062b-db41-41c5-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>44 Bell St</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Spruce Pine</b>		State <b>NC</b>	Zip Code <b>28777</b>		Transaction ID : <b>8e66c169-537d-42c2-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014		
Mailing Address 44 Bell St			Amount <span style="border: 1px solid black; padding: 2px;">28.20</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 953e5650-fd95-47de-b
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014		
Mailing Address 44 Bell Street Ext			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : ade3cc56-f21e-4c5a-9
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">88.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1006 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>28.20</b>
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>d037a49d-552e-421f-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Adena V Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>
Mailing Address <b>450 Judson Dr</b>		Amount <b>44.00</b>
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>82c1380a-0ce1-4172-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>72.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1007 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 450 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 1f8644b2-1a39-4b24-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 8f803da1-ff88-4006-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">18.00</span>		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 48463fbc-01e0-48cb-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8822 Apple St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : e6ed57cf-9600-4134-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">78.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1009 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Mattie Harris</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>	
Mailing Address    3654 Tara St			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City springdale	State AR	Zip Code 72762	Transaction ID : 72502dc7-25f1-4c1b-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Monique Guillory</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>	
Mailing Address    409 LaSalle Drive			Amount <span style="border:1px solid black; padding:2px;">35.00</span>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : bb18e851-ed14-493f-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 16 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">85.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1010 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Monique Guillory</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 16 / 2014</div>		
Mailing Address    409 LaSalle Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">15.00</div>		
City    Little Rock		State    AR	Zip Code    72211		Transaction ID : d19262da-c790-469f-9
Purpose of Expenditure Mileage		Category/Type    002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 16 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Charity A Carr</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 16 / 2014</div>		
Mailing Address    13827 S E 44th St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">50.00</div>		
City    Choctaw		State    OK	Zip Code    73020		Transaction ID : 17369b56-2767-4b69-a
Purpose of Expenditure Salary		Category/Type    001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 16 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">65.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1011 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address    106 Hillside St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">77.50</div>		
City Spindale	State NC	Zip Code 28160	<b>Transaction ID : cf79d3ea-d69b-4eb6-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address    106 Hillside St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44.13</div>		
City Spindale	State NC	Zip Code 28160	<b>Transaction ID : 61e22594-2098-45ab-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">121.63</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1012 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 629 Radiance Ave		Amount 40.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : a5724b8a-e5a3-48f3-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 629 Radiance Ave		Amount 9.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1d0f5763-c768-4426-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1013 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>101 Asbury Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>7320668a-0648-4ebd-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>168 Emerald Hill</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Forest City</b>	State <b>NC</b>	Zip Code <b>28043</b>	Transaction ID : <b>b6240b1a-0e65-4348-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">150.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 29.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 66e2244a-47cd-45d8-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	89.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1015 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Caleb A Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 2646 N Valencia		Amount <b>35.00</b>	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : <b>c25c33b2-4c8d-4f63-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Caleb A Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 2646 N Valencia		Amount <b>6.90</b>	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : <b>ac18c2a2-3248-452b-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1016 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">13.00</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : b1935164-bdfe-403b-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : c6c878a9-14f1-435a-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1017 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">13.00</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>bc9d7266-e7f4-4eb2-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1434 South Avenue			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Eden	State NC	Zip Code 27288	Transaction ID : <b>6da8bf20-0fd9-443f-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">113.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1018 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address    1434 South Avenue			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.60</div>		
City Eden	State NC	Zip Code 27288	<b>Transaction ID : 0aea73b3-80f0-441c-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address    6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>		
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : c9cc4f85-6c37-4f87-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">69.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1019 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">3.93</span>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 5d62d241-d4ea-4e8d-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City College Grove		State TN	Zip Code 37046		Transaction ID : e8daf26e-5c87-4dd7-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.93</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1020 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : ef6b3159-8273-4862-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">28.20</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 77cd2e80-0083-4641-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">88.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1021 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Shanon Snyder</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">16</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    2701 Winifred			Amount <span style="border:1px solid black; padding:2px;">70.00</span>	
City Metairie	State LA	Zip Code 70003	Transaction ID : <b>07ce281e-c8bd-4408-a</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">16</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Shanon Snyder</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">16</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    2701 Winifred			Amount <span style="border:1px solid black; padding:2px;">10.50</span>	
City Metairie	State LA	Zip Code 70003	Transaction ID : <b>fe18325b-47eb-4e0e-8</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">16</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">80.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1022 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>10112 Piney Creek Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Charolette</b>	State <b>NC</b>	Zip Code <b>28215</b>	Transaction ID : <b>3793f2e3-2336-4653-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>10112 Piney Creek Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">25.50</span>		
City <b>Charolette</b>	State <b>NC</b>	Zip Code <b>28215</b>	Transaction ID : <b>22626ab0-8bfb-4594-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1023 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 158793f0-3ee3-4456-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : a92a8add-5494-444b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">28.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <div> <div>09</div> <div>16</div> <div>2014</div> </div>	
Mailing Address 110 W Pecan St		Amount <div>42.60</div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6cc35c6f-600e-4aeb-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div> <div>09</div> <div>16</div> <div>2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	<div>554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1025 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>14 Ramblewood Drive</b>		Amount <b>20.00</b>	
City <b>Covington</b>	State <b>LA</b>	Zip Code <b>70435</b>	Transaction ID : <b>809023a8-6148-4230-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>14 Ramblewood Drive</b>		Amount <b>0.75</b>	
City <b>Covington</b>	State <b>LA</b>	Zip Code <b>70435</b>	Transaction ID : <b>fc707b60-fdc5-4e86-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>20.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1026 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Hannah E Baker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address 5307 South State Road 135			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Morgantown	State IN	Zip Code 46160	Transaction ID : <b>7e20f73d-fab6-4c08-8</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Hannah E Baker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address 5307 South State Road 135			Amount <span style="border: 1px solid black; padding: 2px;">42.00</span>		
City Morgantown	State IN	Zip Code 46160	Transaction ID : <b>a3e0c708-0a47-4f2d-8</b>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">92.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1027 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Natalie M Foutch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1057 Waldron Road		Amount 31.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : a23821bf-8e7e-4ae1-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rachel H Young</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 32.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : a90c14e5-f6f3-484b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1028 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Rachel H Young</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>Box #11543 915 E Market Ave</b>		Amount <b>19.50</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>2b514128-5829-4c09-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <b>80.00</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>7d63aff8-4907-474b-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>99.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1029 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">69.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : ee33aa71-5b10-4718-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 93836dbb-a4f8-46c8-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">149.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 592d33fa-6a52-4dd0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1031 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>		
Mailing Address    220 Doucet Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2.91</div>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : 3d4e5bb0-a2a9-4498-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type    002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>		
Mailing Address    3205 Pebble Beach Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14.80</div>		
City    State    Zip Code Conway    AR    72034		Transaction ID : 2929d6ee-1a09-4cbc-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>			
Purpose of Expenditure Salary		Category/Type    001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17.71</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i> <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1032 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">12.39</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 58136d87-3b61-475e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : b458f538-c3a2-4352-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">72.39</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1033 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City Fayetteville		State NC	Zip Code 28304		Transaction ID : <b>b796a87f-94b6-4088-8</b>
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : <b>7371bf99-d421-48cf-a</b>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1034 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address    2320 Saint Nick Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">9.30</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 9bcb52f4-ebe1-4caa-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address    308 West Main Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">94.50</div>		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : eca9ec42-ae09-4c5e-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">103.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>

Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 308 West Main Street		Amount 94.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : ea56c654-a9e9-4dfb-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	124.11
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 3.60	
City Conway	State AR	Zip Code 72034	Transaction ID : 3e04e8d2-8967-4d47-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	33.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1037 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Clay A McCreary</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Mailing Address <b>1762 Orchard Drive</b>			Amount <span style="border:1px solid black; padding:2px;">70.00</span>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>425ef83f-302e-4942-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Clay A McCreary</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Mailing Address <b>1762 Orchard Drive</b>			Amount <span style="border:1px solid black; padding:2px;">21.00</span>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>3c22133c-46e3-4425-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">91.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1038 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>1254 Fleming St Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">36.00</span>		
City <b>Conway</b>		State <b>AR</b>	Zip Code <b>72032</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>e134c08b-9552-4fee-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>1254 Fleming St Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">15.90</span>		
City <b>Conway</b>		State <b>AR</b>	Zip Code <b>72032</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>ff021ada-d702-4c70-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 35.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 38bce8c5-58bb-4dfb-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kirsten E McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 3.12	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : b07f111c-3f97-47a4-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	38.12
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1040 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>84e3740f-ab5a-41a3-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border:1px solid black; padding:2px;">21.30</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>c8d2cf08-ce41-4fa8-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">111.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1041 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 16 / 2014	
Mailing Address    3007 Darden Rd			Amount <span style="border:1px solid black; padding:2px;">100.00</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 28cab738-439c-483a-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 16 / 2014	
Mailing Address    3007 Darden Rd			Amount <span style="border:1px solid black; padding:2px;">39.60</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 505691fd-cce0-4204-8	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">139.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

Full Name of Payee <b>Tracy M Hargett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 5.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 10351f18-773e-4479-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	105.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1043 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5133 Lord Bryon Road			Amount <span style="border: 1px solid black; padding: 2px;">25.80</span>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 35f47915-2621-4153-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Michael Chinchar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2730 Dave Ward Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 88bb96cc-f1ca-44cd-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1044 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Michael Chinchar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2730 Dave Ward Dr			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 5316b3be-341a-4d6a-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 0b57ec97-837f-46e7-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1045 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>1436 Haigs Creek Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.99</span>		
City    State    Zip Code <b>Elgin    SC    29045</b>		Transaction ID : <b>674b1823-9c42-4c82-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>18065 Wayne Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City    State    Zip Code <b>Odessa    FL    33556</b>		Transaction ID : <b>af378d8d-00d3-4fc6-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">95.99</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1046 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address    100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>bdfb0083-c2ff-4c23-9</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address    100 ASBURY CT			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : <b>2fd43ffe-8d7d-42b1-9</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">140.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1047 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9fde63be-8807-4075-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 34b518fa-0d9a-4801-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 725d3fd6-dd88-4835-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 6405df3b-fb9b-4acc-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">140.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1049 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    102 S Main Street Apt A2			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City    State    Zip Code Berryville    VA    22611		Transaction ID : <b>5e953451-794a-46f4-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2013 Woodwind Way			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code Van Buren    NC    72956		Transaction ID : <b>d56c4d4b-6af5-46f0-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">130.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1050 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2013 Woodwind Way			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City Van Buren		State NC	Zip Code 72956		Transaction ID : 3b3d60e0-6aa9-405c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 998d6cfa-db3b-4278-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1051 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>df610861-e9f7-4a4b-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 16 / 2014</b>	
Mailing Address 2090 Fancy Gap Rd		Amount 30.84	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>0059c2f5-5909-4f7f-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1052 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 8ce7f444-ac98-42ce-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">16.17</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 332fca69-994f-461c-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">46.17</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 905 Lake Drive		Amount 35.40	
City Shelby	State NC	Zip Code 28152	Transaction ID : 91647961-0cbc-4ae6-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	75.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1054 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Mailing Address <b>2565 Shire Circle</b>			Amount <span style="border:1px solid black; padding:2px;">0000000000</span> <b>30.00</b>	
City <b>Harrisonburg</b>		State <b>VA</b>	Zip Code <b>22801</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Transaction ID : <b>1beea931-d9f9-446e-8</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">0000000000</span> <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>			Amount <span style="border:1px solid black; padding:2px;">0000000000</span> <b>77.50</b>	
City <b>High Point</b>		State <b>NC</b>	Zip Code <b>27260</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Transaction ID : <b>6e79979a-8bdf-4a55-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 16 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">0000000000</span> <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">0000000000</span> <b>107.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;">0000000000</span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">0000000000</span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1055 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">23.70</span>		
City High Point	State NC	Zip Code 27260	Transaction ID : bca936b0-93a5-4e79-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City High Point	State NC	Zip Code 27260	Transaction ID : 0594aa6c-f952-4f1b-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">86.20</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1056 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1025 Cayley Ct		Amount 22.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 83fe06ab-5718-4e0d-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 4902 Catawba Dr		Amount 67.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1157493f-7e3f-4467-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90.30
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">23.10</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6ff43946-a61d-4194-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    543 S 2nd St			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 08080e91-de3f-4240-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">93.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1058 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>8b1ac698-bf38-4912-a</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Trent Minner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>2000 W University St</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Siloam Springs</b>	State <b>AR</b>	Zip Code <b>72761</b>	Transaction ID : <b>f659020e-6254-433b-a</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.80</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1059 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 2000 W University St		Amount 13.50	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 913ce0fa-3082-4007-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>John P Hilkert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 7 Bards Lane		Amount 45.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 0eb60663-21f9-42d4-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1060 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>7 Bards Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.90</span>		
City <b>Fletcher</b>	State <b>NC</b>	Zip Code <b>28732</b>	Transaction ID : <b>085fc433-0568-4669-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>a35bec68-3e98-40f0-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 16 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">96.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 105.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : aacae6fe-8a90-4d31-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	152.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1062 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 7bda1b34-69e2-4754-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville		State LA	Zip Code 70471		Transaction ID : a38e6c99-2f52-4b53-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">59.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1063 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">9.30</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 64537222-1fd2-49b9-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6ad6f562-adf7-4215-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 60.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 1bd8eb5a-7468-481a-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	63.84
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 6.90	
City Conway	State AR	Zip Code 72032	Transaction ID : bf4f6426-582e-4b43-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	24.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1066 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>525-K East Market Street</b> <b>114</b>			Amount <span style="border:1px solid black; padding:2px;">300.21</span>		
City <b>Leesburg</b>		State <b>VA</b>	Zip Code <b>20176</b>		Transaction ID : <b>0bbceb1e-4999-471e-9</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paramount</b> <b>Originally reported against Kay Hagan, corrected with filing</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>525-K East Market Street</b> <b>114</b>			Amount <span style="border:1px solid black; padding:2px;">195.92</span>		
City <b>Leesburg</b>		State <b>VA</b>	Zip Code <b>20176</b>		Transaction ID : <b>1f66838c-2174-4e26-a</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">496.13</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>Ms. Emily Buchanan</b>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1067 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>525-K East Market Street 114</b>			Amount <span style="border: 1px solid black; padding: 2px;">19.25</span>		
City <b>Leesburg</b>		State <b>VA</b>	Zip Code <b>20176</b>		Transaction ID : <b>26d18010-6a8f-4b2a-9</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>525-K East Market Street 114</b>			Amount <span style="border: 1px solid black; padding: 2px;">19.25</span>		
City <b>Leesburg</b>		State <b>VA</b>	Zip Code <b>20176</b>		Transaction ID : <b>e9d8f3e0-63f8-4465-8</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">38.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1068 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1410 Bushville Dr		Amount 35.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0d89f260-688f-473e-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1410 Bushville Dr		Amount 11.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : eb0adfaa-9af6-498b-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.40
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1069 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 101fce03-f531-4842-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">5.46</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 91e4a05e-41aa-4338-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.46</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2134 Tobaccoville Rd			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : de9bfcd4-d64d-4b7a-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1010 S Dogwood Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 81d7ba72-1839-40eb-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2014</span>		
Mailing Address 1010 S Dogwood Drive			Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 55d7f4c1-0b97-4986-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>William M Goldsmith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2014</span>		
Mailing Address 211 Pearl St			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Drexel	State NC	Zip Code 28619	Transaction ID : 8ef925c3-6d5d-4757-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">57.30</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1072 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>William M Goldsmith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    211 Pearl St			Amount <span style="border: 1px solid black; padding: 2px;">22.11</span>		
City    State    Zip Code Drexel    NC    28619		Transaction ID : e64c4e8f-3217-4f9d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City    State    Zip Code New Orleans    LA    70131		Transaction ID : 75f5dd57-97e6-4767-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.11</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1073 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <span style="border:1px solid black; padding:2px;">6.30</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>b6e33593-120f-47bc-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>a77d568d-8238-4f2a-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">56.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">11.10</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : <b>ca61e48b-3559-470b-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 448 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : <b>16f977d5-b1c9-465c-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">31.10</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Adena V Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 450 Judson Dr		Amount 4.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 31b92e33-5526-43ce-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	24.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1076 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 5003 Allison Lane		Amount 40.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : <b>afb7e4c0-3f6d-4753-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : <b>3de5c73e-ee85-4838-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1077 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4691 Hercules Lane			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : c2e6b182-2848-4b78-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 525-K East Market Street 114			Amount <span style="border: 1px solid black; padding: 2px;">38.31</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : a52cf776-637e-4c43-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Blast Emails		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">138.31</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1078 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>Paramount</b> <div style="text-align: right; font-size: small;">Originally reported as \$38.31</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Mailing Address 525-K East Market Street 114		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 114.93	
City Leesburg	State VA	Zip Code 20176	<b>Transaction ID : 4d088b05-ceae-4a74-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>
Purpose of Expenditure Blast Emails		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 004	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Paramount</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Mailing Address 525-K East Market Street 114		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 38.31	
City Leesburg	State VA	Zip Code 20176	<b>Transaction ID : 6f6559af-2619-4172-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>
Purpose of Expenditure Blast Emails		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 004	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 153.24	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1079 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>525-K East Market Street 114</b>			Amount <span style="border: 1px solid black; padding: 2px;">38.31</span>		
City <b>Leesburg</b>		State <b>VA</b>	Zip Code <b>20176</b>		Transaction ID : <b>1b53e531-aab9-45be-8</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Erin L Hogan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>110 Teresa Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City <b>Pocahontas</b>		State <b>AR</b>	Zip Code <b>72455</b>		Transaction ID : <b>b21aadbe-d28e-493d-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">103.31</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 60.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 7fd3ec7e-b3b6-4f6e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	96.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1081 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <b>9.48</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	Transaction ID : <b>e57112ad-16d0-4ee0-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Paramount</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>525-K East Market Street</b> <b>114</b>		Amount <b>116.44</b>	
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>	Transaction ID : <b>14456129-db55-4bc3-8</b>
Purpose of Expenditure <b>Blast Emails</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>125.92</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 525-K East Market Street 114			Amount <span style="border: 1px solid black; padding: 2px;">116.44</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : fa933367-2bc2-40fc-9
Purpose of Expenditure Blast Emails		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 5330 Nestleway Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 38b25ec5-c06b-4711-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">176.44</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1083 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5330 Nestleway Dr			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : <b>4301f662-cca2-4550-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carla A Wells</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2013 Woodwind Way			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Van Buren	State NC	Zip Code 72956	Transaction ID : <b>d45c8ea3-a2dc-4716-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1084 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>10.00</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>16fa61de-5207-4cdc-a</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>1.50</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>39b8cdca-f870-446a-8</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>11.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 409 LaSalle Drive		Amount 7.50	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 296bc462-522f-4a5e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	82.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 168 Emerald Hill		Amount 73.50	
City Forest City	State NC	Zip Code 28043	Transaction ID : 970d4582-3145-4e21-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014	
1095959.94			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	138.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1087 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>3 Girard</b>			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>3475e0de-016e-4a34-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1691 Fork Mtn Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>f89c818b-4df8-46f0-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">95.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 3 Girard St		Amount <div> <div>40.00</div> </div>	
City Ft Smith	State AR	Zip Code 72901	<b>Transaction ID : 2b39d51f-1eef-4979-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	71.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1089 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>3 Girard St</b>		Amount <b>6.30</b>	
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>5ac479f8-9db9-45c9-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Virginia T Grant</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>134 Shore Crest Circle</b>		Amount <b>40.00</b>	
City <b>Carriere</b>	State <b>MS</b>	Zip Code <b>39426</b>	Transaction ID : <b>e74c768c-a529-4612-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>46.30</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1090 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Virginia T Grant</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>134 Shore Crest Circle</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.90</span>		
City <b>Carriere</b>	State <b>MS</b>	Zip Code <b>39426</b>	Transaction ID : <b>6001ab44-1dae-4195-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>9c9d9fe0-48ff-48a1-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">69.90</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1091 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>31.20</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>157d3bc5-ac2d-4afe-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lauren E Heffington</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>	
Mailing Address <b>488 Broadwell Dr</b>		Amount <b>35.00</b>	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37220</b>	Transaction ID : <b>cdd460cc-9078-4a05-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>66.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M / D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1092 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lauren E Heffington</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 488 Broadwell Dr			Amount <span style="border: 1px solid black; padding: 2px;">7.29</span>		
City Nashville		State TN	Zip Code 37220		Transaction ID : 7567002b-2669-4460-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 615 Live Oak Dr			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City searcy		State AR	Zip Code 72143		Transaction ID : f253685d-0e2f-4bc4-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">42.29</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1093 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address Box #11543 915 E Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">11.00</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 7c35a923-e434-4cb5-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address Box #11543 915 E Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">2.40</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 97582472-e24c-42b8-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">13.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1094 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>		
Mailing Address Split Oak Drive		Amount <b>57.50</b>		
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>558370b7-1fec-4b69-b</b>	
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>		
Mailing Address Split Oak Drive		Amount <b>17.40</b>		
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>a837cc8e-5884-4e9e-8</b>	
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>74.90</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
		[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1095 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>			
Full Name of Payee <b>Evelyn Lesaicherre</b> <small>Originally reported as \$70, corrected with report</small>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 17 / 2014	
Mailing Address 629 Radiance Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">4.00</div>	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 067a9519-85c6-4228-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			
Full Name of Payee <b>Evelyn Lesaicherre</b> <small>Originally reported as \$11.10, corrected with report</small>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 17 / 2014	
Mailing Address 629 Radiance Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">9.90</div>	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 2b85e17d-468a-46ea-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;">13.90</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Caleb A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2646 N Valencia		Amount 20.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 1d45f855-0049-446d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 40.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 61552c2d-96aa-415e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	60.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">11.10</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 1228f949-d885-44af-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Metairie		State LA	Zip Code 70006		Transaction ID : 8b1581bc-ac78-46be-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">91.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1098 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>		
Mailing Address <b>345 Auroura Ave</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.54</div>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	<b>Transaction ID : 13a0ab00-5fe9-49d8-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>		
Mailing Address <b>6412 Osage Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	<b>Transaction ID : 8f9d6a37-0187-431f-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">109.54</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1099 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 6412 Osage Dr		Amount 3.90	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 8deedab7-8131-41e3-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2506 Bolch Street		Amount 30.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 56a16a2a-42cc-4bfa-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1100 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">11.40</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 78152526-18fa-45a1-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 2a07164c-eb7b-4377-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1101 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">27.60</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : efe9c674-a961-4dba-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 407 randall Dr			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : ebf61d89-ed89-481a-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1102 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 407 randall Dr			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 105f5306-ddce-46d9-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Lexington		State NC	Zip Code 27295		Transaction ID : 1cbb3b88-db52-42ed-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">25.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 8.70	
City Lexington	State NC	Zip Code 27295	Transaction ID : a7efe2fb-01a5-43e4-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 200 Carawood Lane		Amount <div> <div></div> <div>40.00</div> </div>	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : 1208c33f-27ed-4204-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	48.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 112 apache Dr			Amount 10.00		
City	State	Zip Code	Transaction ID : 0cafcbf5-ca42-4de1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Search	AR	72149			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>22.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013



Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 33.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 7b8ae00d-ebac-4460-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	35.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1106 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.21	
City Conway	State AR	Zip Code 72034	Transaction ID : 93e07f1f-adc9-47f4-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 26b41ead-99c6-4dd8-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	42.21
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1107 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Royce W Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>317 Farris Rd Apt 1</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City <b>Conway</b>		State <b>AR</b>	Zip Code <b>72034</b>		Transaction ID : <b>3a5bc2c7-af07-40e3-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">95.00</span>		
City <b>Raleigh</b>		State <b>NC</b>	Zip Code <b>27604</b>		Transaction ID : <b>6449821e-edf9-4961-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">101.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1108 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">20.40</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5e090151-014d-4078-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 79eaac68-6da7-4a75-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 3f0d9de4-10fe-4414-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kirsten E McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address    1419 S Highbush Ave			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : af859bbf-31c3-49cf-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">23.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 44 Bell St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 801d10f9-e472-4103-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	66.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1111 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address <b>44 Bell St</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31.20</div>		
City    State    Zip Code <b>Spruce Pine    NC    28777</b>		Transaction ID : <b>7472f6ba-5b92-48cd-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>			
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address <b>18065 Wayne Rd</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City    State    Zip Code <b>Odessa    FL    33556</b>		Transaction ID : <b>cf2d8a7e-d17c-4742-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>			
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">61.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 30.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : a3fc841c-12c7-4b89-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 20.97	
City Elgin	State SC	Zip Code 29045	Transaction ID : d9070f03-90f3-41fc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	50.97
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : 691540af-3cfb-4572-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: District: 00 State: LA					
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">42.00</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : 78c99330-b723-4ed0-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: District: 00 State: LA					
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">102.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 24.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : ae7d2fc8-a206-4cab-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 7.80	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 8a54447a-a920-4b35-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 93.00	
City Conway	State AR	Zip Code 72032	Transaction ID : c2ad3ba5-6d47-45ec-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 32.40	
City Conway	State AR	Zip Code 72032	Transaction ID : 041e41c0-34a3-47ba-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	125.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1116 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>	
Mailing Address    502 N Oak St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : d9813d2a-28bf-453c-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>	
Mailing Address    502 N Oak St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.90</div>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : 73fcb9fa-8932-4917-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">120.90</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1117 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Brieshauna M Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>	
Mailing Address <b>1703 Torrey Pines Ct</b>		Amount <b>80.00</b>	
City <b>Reston</b>	State <b>VA</b>	Zip Code <b>20190</b>	Transaction ID : <b>28297b47-3ef5-4b2a-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>	
Mailing Address <b>101 Asbury Ct</b>		Amount <b>80.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>fe013099-c53f-4ebf-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 17 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>160.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1118 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2014		
Mailing Address 220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 96e55e19-a458-4c96-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2014		
Mailing Address 220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.43</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c719a543-2efb-4f4e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">27.43</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1119 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 111 Westchester Blvd Apt D4			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Slidell		State LA	Zip Code 70458		Transaction ID : 31743b19-ba73-4003-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 180 McNeil Steep Hollow Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Carriere		State MS	Zip Code 39426		Transaction ID : 76afd62e-4b0e-4a47-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">100.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1120 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address    180 McNeil Steep Hollow Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">18.60</div>		
City Carriere	State MS	Zip Code 39426	Transaction ID : 6d292410-2ce6-4cc0-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address    3300 Asher Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 965c0fa4-0c76-4f4e-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">98.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1121 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>80.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>fe9452c6-3dd8-42a0-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>100 ASBURY CT</b>		Amount <b>70.00</b>	
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>435cd5ae-e041-4c80-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>150.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1122 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 404 Chancery Park Ct		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 17 2014</span> </div> </div>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : ff1ef697-622d-4f2a-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 404 Chancery Park Ct		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 17 2014</span> </div> </div>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 5f098b9a-def0-456f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>49.00</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1123 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>		
Mailing Address 100 Asbury Ct		Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : e4d7df61-b290-476b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 09dfd6ff-94e2-4fdf-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1124 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 17 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">80.00</div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 328dafa3-2ca8-403f-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 17 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1095959.94</div>	
Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 17 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">80.00</div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 078cfc77-cea4-426c-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 17 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1095959.94</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">160.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>05 / 18 / 2015</b> <div style="text-align: center;">[Electronically Filed]</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1125 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 539f7186-7a18-4703-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address 2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 9bce8b3c-948f-4f7b-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1126 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Marysol Netro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 312 S Gunter St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : c0caa0fc-490b-4cb4-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 147 Possum Trot Rd			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : 79d5b739-20e8-496f-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1127 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>17</span> <span>2014</span> </div> </div>		
Mailing Address 105 South Dale St			Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span>35.00</span> </div> </div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 21cf18b2-66da-4916-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>17</span> <span>2014</span> </div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span>1095959.94</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>17</span> <span>2014</span> </div> </div>		
Mailing Address 4902 Catawba Dr			Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span>110.00</span> </div> </div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b065faf4-e3a3-4778-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>17</span> <span>2014</span> </div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span>1095959.94</span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span>145.00</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05
18
2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1128 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">22.80</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9d0bcc44-559b-4441-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 41689776-9fa1-4998-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1025 Cayley Ct		Amount 22.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 8d3045d1-ec12-4107-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr> <td data-bbox="1102 1650 1364 1656">127.50</td></tr> </table>	127.50
127.50		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr> <td data-bbox="1102 1656 1364 1661"></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr> <td data-bbox="1102 1661 1364 1669"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1130 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>	
Mailing Address    1025 Cayley Ct			Amount <span style="border:1px solid black; padding:2px;">105.00</span>	
City High Point	State NC	Zip Code 27260	Transaction ID : 26b31d17-8d37-4343-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>	
Mailing Address    1025 Cayley Ct			Amount <span style="border:1px solid black; padding:2px;">21.90</span>	
City High Point	State NC	Zip Code 27260	Transaction ID : 28bd6560-fe1b-4c0e-9	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 17 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">126.90</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 215c568a-3b7b-4982-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 40df8f3f-0c5e-4856-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1132 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City METAIRIE		State LA	Zip Code 70003		
Purpose of Expenditure Salary		Category/ Type	Transaction ID : <b>78052a47-74d8-4d54-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City METAIRIE		State LA	Zip Code 70003		
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : <b>cd14061f-c919-412d-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1133 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>		
City    State    Zip Code Mt. Airy    NC    27030		Transaction ID : dd75732c-317e-48ef-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">31.98</span>		
City    State    Zip Code Mt. Airy    NC    27030		Transaction ID : d8874ec6-ea8d-4df2-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">116.98</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014
Mailing Address 2090 Fancy Gap Rd		Amount 85.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f0c8aeb4-58cf-4131-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014
Mailing Address 2090 Fancy Gap Rd		Amount 31.98
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : fdb56721-ac6c-4d1a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	116.98
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address 2002 E Park Ave Apt 40			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 97d20f94-0f4d-4e1f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address 2002 E Park Ave Apt 40			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18.15</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : ca99c144-6c49-494e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">53.15</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1136 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>acec2687-554d-4f80-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>6bcbd3a5-3155-4da1-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.30</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1137 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>P.O. Box 712</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>Alexander</b>		State <b>AR</b>	Zip Code <b>72002</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>7c7e5c24-0433-439b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>P.O. Box 712</b>			Amount <span style="border: 1px solid black; padding: 2px;">33.00</span>		
City <b>Alexander</b>		State <b>AR</b>	Zip Code <b>72002</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>5b4c5f86-b9bb-4ef4-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">113.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1138 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 3007 Darden Rd		Amount 117.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c638637f-18d5-4f8b-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 3007 Darden Rd		Amount 31.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 99f12874-952d-40b2-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	148.70
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1139 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 17 / 2014	
Mailing Address 3007 Darden Rd			Amount <span style="border:1px solid black; padding:2px;">117.50</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2e5dde5d-9dce-4364-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 17 / 2014	
Mailing Address 7151 Mullins Drive			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Saltville	State VA	Zip Code 24370	Transaction ID : a2149a9d-b1d6-429b-b	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">197.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1140 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">17</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border:1px solid black; padding:2px;">50.40</span>		
City <b>Saltville</b>		State <b>VA</b>	Zip Code <b>24370</b>		Transaction ID : <b>39c31213-4936-4e87-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">17</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General    2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">17</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>20679 Glenbrook Terrace</b>			Amount <span style="border:1px solid black; padding:2px;">10.00</span>		
City <b>Sterling</b>		State <b>VA</b>	Zip Code <b>20165</b>		Transaction ID : <b>80f1c528-2b4a-419a-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">17</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General    2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">60.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1142 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>1700 E Part Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>94da657a-0e14-4642-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>1700 E Part Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">21.45</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>3582aa45-b5bc-4add-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.45</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1143 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>308 West Main Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">115.00</span>		
City <b>Pilot Mountain</b>		State <b>NC</b>	Zip Code <b>27041</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>7daecb8b-289b-403c-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>		
Mailing Address <b>308 West Main Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.54</span>		
City <b>Pilot Mountain</b>		State <b>NC</b>	Zip Code <b>27041</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>a1861ce4-ed23-42e7-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">145.54</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Kelly Dolan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : b588ba6a-9e80-4ba6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">185.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1145 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>543 S 2nd St</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City <b>Bellaire</b>		State <b>NC</b>	Zip Code <b>77401</b>		Transaction ID : <b>a08ef70e-54f4-4461-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1103 West Wilson Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Ville Platte</b>		State <b>LA</b>	Zip Code <b>70586</b>		Transaction ID : <b>b1afe569-2b98-4fe1-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 905 Lake Drive		Amount 34.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : f30618f3-6e45-4742-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	66.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1147 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 905 Lake Drive			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Shelby		State NC	Zip Code 28152		Transaction ID : af2a435b-66ff-40c2-9
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014		
Mailing Address 7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 159681c5-3cd6-4bcd-9
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1148 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2014		
Mailing Address    7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">8.40</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 49a17a33-a861-473c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2014		
Mailing Address    506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 1e51a063-93bc-4a2f-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1149 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>506 N Horton Street</b>		Amount <b>26.10</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>2439acfd-e48d-447e-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer Susky</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address <b>1117 Shadow Lane</b>		Amount <b>10.00</b>	
City <b>Benton</b>	State <b>AR</b>	Zip Code <b>72015</b>	Transaction ID : <b>860c214c-c847-4add-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>36.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1150 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jennifer Susky</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1117 Shadow Lane		Amount 1.50	
City Benton	State AR	Zip Code 72015	Transaction ID : e5650926-d253-4145-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1410 Bushville drive		Amount 120.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7789f2d7-66cd-40a9-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		121.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1151 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1410 Bushville drive		Amount 21.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 4ae83fae-d424-4c50-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : eb860076-95b1-4187-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1152 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : e27f3381-3cb3-43fb-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : b76e12c9-f321-4a41-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">89.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1153 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Charolette	State NC	Zip Code 28215	Transaction ID : 291cfaa7-fdae-4196-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City Charolette	State NC	Zip Code 28215	Transaction ID : 89fb5405-a1f1-4b73-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1154 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 30.00	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 3906c7ef-33ea-46ed-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 9.00	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : b671a292-4d9a-4970-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	39.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>John W Antonetz</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 11127 Gila Valley Dr		Amount <div> <div>MM / DD / YYYY</div> <div>10.00</div> </div>	
City Little Rock	State AR	Zip Code 72217	<b>Transaction ID : ff2141e4-6b15-44c0-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>John W Antonetz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 6.00	
City Little Rock	State AR	Zip Code 72217	Transaction ID : fe6eee80-e0df-4242-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	16.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1156 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 18 / 2014</div>	
Mailing Address 5510 Dogwood Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.50</div>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>b219e0e4-5398-44cd-a</b>
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 18 / 2014</div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 18 / 2014</div>	
Mailing Address 5510 Dogwood Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.10</div>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>e6886156-7f9c-43d5-9</b>
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 18 / 2014</div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">32.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1157 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">1.60</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 494f0cba-ccee-40cd-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2134 Tobaccoville Rd			Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : 0e8e8a30-1935-4dc3-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">29.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1158 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 1900 Glen West Way		Amount <b>35.00</b>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : <b>7eff5f42-acff-40db-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 1900 Glen West Way		Amount <b>6.30</b>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : <b>babdd4c7-6dce-4468-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1159 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>450 Judson Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>9ad7556d-5abe-4162-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>d821ade2-e56f-44c1-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1160 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.70</div>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>2b2b53ab-9c6d-4510-a</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address <b>448 Judson Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.50</div>		
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>f959431a-7c3a-4e5d-9</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">34.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <b>05 / 18 / 2015</b>		



Full Name of Payee <b>Regina R Mouton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5827 Brighton Pl		Amount 25.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : b00d89ff-9418-481c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	27.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1162 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">6.00</div>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	<b>Transaction ID : d221f07b-3f94-4d5d-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address <b>4691 Hercules Lane</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">40.00</div>		
City <b>Woodbridge</b>	State <b>VA</b>	Zip Code <b>22193</b>	<b>Transaction ID : 640fd5aa-52d3-4434-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">46.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1163 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 0fd11919-48a6-4762-b		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border: 1px solid black; padding: 2px;">19.95</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : e7915b2e-ebcb-44e6-b		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.95</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1164 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address    1430 Sunnyside Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Alma	State AR	Zip Code 72921	<b>Transaction ID : 840c78a7-6139-4c59-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address    1430 Sunnyside Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.40</div>	
City Alma	State AR	Zip Code 72921	<b>Transaction ID : 1d215a14-ce57-462b-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">68.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 3346 Durham St Ext			Amount 40.00		
City Burlington	State NC	Zip Code 27217	Transaction ID : 8a19ec34-0732-4920-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	515.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1166 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 3346 Durham St Ext		Amount 7.20	
City Burlington	State NC	Zip Code 27217	Transaction ID : 87ae68df-5b11-45f0-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 5330 Nestleway Dr		Amount 35.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 30ec83cd-b9cf-4daa-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1167 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">5.70</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>db9881fa-078a-401d-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>105 South Dale St</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>b15d4472-0f03-4f22-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1168 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014		
Mailing Address 105 South Dale St			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City State Zip Code Spruce Pine NC 28777		Transaction ID : fcce1063-7bbd-4e0a-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Shanon Snyder</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014		
Mailing Address 2701 Winifred			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City State Zip Code Metairie LA 70003		Transaction ID : 67de3c0c-d319-4c21-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1169 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Shanon Snyder</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 2701 Winifred		Amount 10.50	
City Metairie	State LA	Zip Code 70003	Transaction ID : 13e76b72-eeee-4de5-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : fb1f3eb9-2094-4f29-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1170 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Mailing Address <b>147 Possum Trot Rd</b>		Amount <b>26.10</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>dedb5d49-a1b8-4e90-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>40.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>696d16db-3a57-4861-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>66.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1171 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    404 Chancery Park Ct			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 73c13e4e-dc8e-44a8-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Elizabeth M Moore</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1223 Silver Sage Dr Apt 303			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Raleigh	State NC	Zip Code 27606	Transaction ID : 9a53c18d-a71b-405d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">16.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1172 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Elizabeth M Moore</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount <span style="border: 1px solid black; padding: 2px;">2.67</span>		
City Raleigh		State NC	Zip Code 27606		Transaction ID : <b>bb93d69e-3dea-492b-b</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : <b>ad0f61d2-e4d0-456b-9</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.67</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 3 Girard		Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 9f7f8c0d-c3a7-4501-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		89.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1174 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 3 Girard		Amount 6.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 19afe9e-a6c4-42c3-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 345 Auroura Ave		Amount 45.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 1c13331b-d1b4-449f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		51.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1175 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014		
Mailing Address 345 Auroura Ave			Amount <span style="border:1px solid black; padding:2px;">10.29</span>		
City Metairie	State LA	Zip Code 70006	Transaction ID : ff2b6a3a-dd61-4d77-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Caleb A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014		
Mailing Address 2646 N Valencia			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : d48a5feb-e188-410f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">50.29</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1176 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Caleb A Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2646 N Valencia			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 97492a6e-3b2e-430c-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : bfeba226-daf0-4ff9-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">66.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1177 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">29.40</span>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 78701db9-8142-423a-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 79b39d10-c869-4eed-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1178 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span>		
Mailing Address    2565 Shire Circle			Amount <span style="border: 1px solid black; padding: 0 5px;">32.50</span>		
City Harrisonburg		State VA	Zip Code 22801		<b>Transaction ID : 359e4faa-55fa-4416-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kirsten E McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span>		
Mailing Address    1419 S Highbush Ave			Amount <span style="border: 1px solid black; padding: 0 5px;">10.00</span>		
City Fayetteville		State AR	Zip Code 72701		<b>Transaction ID : 9a7e3cbe-39f5-4f68-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 0 5px;">42.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 0 5px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 0 5px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 0 5px;">05</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2015</span>		<b>[Electronically Filed]</b>

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 1.80	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 534a982a-ad0c-4b20-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lauren E Heffington</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 488 Broadwell Dr		Amount 20.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : 228da715-1988-477d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	21.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1180 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    101 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>6cd84778-aeb0-4d6f-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    2319 West Oak			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">20.00</div>		
City El Dorado		State AR	Zip Code 71730		Transaction ID : <b>2d65979a-e7fd-47a5-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">100.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1181 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    2319 West Oak			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3.00</div>		
City El Dorado		State AR	Zip Code 71730		Transaction ID : 0719fb8e-e824-4ecd-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brieshauna M Stevens</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    1703 Torrey Pines Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">80.00</div>		
City Reston		State VA	Zip Code 20190		Transaction ID : 6947ec9a-cdeb-4268-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">83.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1182 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Royce W Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 18 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 3d554ca9-2363-4e24-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Royce W Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 18 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 4586c8f2-886b-429a-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">36.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1183 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>5133 Lord Bryon Road</b>			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28405</b>	Transaction ID : <b>071494ba-713c-42c5-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>5133 Lord Bryon Road</b>			Amount <span style="border: 1px solid black; padding: 2px;">23.40</span>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28405</b>	Transaction ID : <b>78c6a763-eac5-41da-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">78.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1184 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Aaron L Griffin</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address    4830 Westin Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : e8036092-b3d6-4321-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Aaron L Griffin</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address    4830 Westin Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 407bbcdc-b957-4a5d-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">36.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1185 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Clay A McCreary</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    1762 Orchard Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7da7bd0b-e87d-4b72-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Clay A McCreary</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    1762 Orchard Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21.60</div>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : a9061cef-eb9d-40ce-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">81.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1186 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address    3315 Cardinal Ridge Rd			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : <b>b108baf6-93c7-4b6c-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Daniel E Collison</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address    3315 Cardinal Ridge Rd			Amount <span style="border: 1px solid black; padding: 2px;">23.40</span>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : <b>7a1e97a5-d34c-4403-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1187 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 96abb285-cf3d-49cf-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">32.94</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : bccddae2-9249-4d1f-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">107.94</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1188 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 18 / 2014		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City charlotte		State NC	Zip Code 28227		Transaction ID : 35c707f7-d17d-4cf9-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 18 / 2014		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">15.39</span>		
City charlotte		State NC	Zip Code 28227		Transaction ID : 24ec30bf-f371-4597-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">67.89</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1189 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>307 Farris Rd Apt 1</b>		Amount <b>50.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>d94b9c81-6032-4c84-a</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>307 Farris Rd Apt 1</b>		Amount <b>6.30</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>aae6e448-fd4c-461d-a</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>56.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1190 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d781977f-9457-4b08-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 4ffe83f6-f3c2-4238-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">95.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 112 apache Dr		Amount <div> <div></div> <div>1.50</div> </div>	
City	State	Zip Code	<b>Transaction ID : 01787db3-8365-4725-9</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 18 / 2014</div> </div>
Search	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	11.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1192 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>8822 Apple St</b>		Amount <b>70.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>209e11d5-7cfd-4a6c-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>100.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>3f51f933-e165-452a-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>170.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1193 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address    1434 South Avenue			Amount 11.10		
City Eden	State NC	Zip Code 27288	Transaction ID : 8cf5b6a2-bc15-4473-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address    407 randall Dr			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7b4643a8-7e6b-4dad-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought    292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date    MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 110 W Pecan St		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 87d3fa24-16cf-40e3-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	39.06
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Jerome M Weil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 101 Durham Drive		Amount 30.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 77b12f7b-09fa-4f09-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	61.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 101 Durham Drive		Amount 3.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 7f5f7686-3dbd-45f3-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 905 Lake Drive		Amount 55.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 127cffca-f6b0-428b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	58.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1197 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    905 Lake Drive			Amount <span style="border: 1px solid black; padding: 2px;">6.30</span>		
City Shelby	State NC	Zip Code 28152	Transaction ID : 9fa183e5-4f0a-4add-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3300 Asher Ave			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 718f761c-2dcc-4d4b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">66.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination <div> <div>09</div> <div>18</div> <div>2014</div> </div>	
Mailing Address 6412 Osage Dr		Amount <div>45.00</div>	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : f81f1cba-706f-46ff-b</b> Date of Disbursement or Obligation <div> <div>09</div> <div>18</div> <div>2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div>292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1199 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>3.15</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>fa373fc3-0563-4a90-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>1254 Fleming St Apt 6</b>		Amount <b>37.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>35dc51e6-71da-409e-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>40.15</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Originally reported against Kay Hagain, corrected with filing		Amount <div> <div>41.00</div> </div>	
Mailing Address 3205 Pebble Beach Rd	City Conway	State AR	Zip Code 72034
Purpose of Expenditure Salary	Category/ Type <div>001</div>	Transaction ID : <b>c40760b8-af71-4f09-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1201 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Logan B Piper</b> Originally reported against Kay Hagain, corrected with filing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 18 / 2014 </div>	
Mailing Address 3205 Pebble Beach Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12.12 </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : fe7f9439-4c2e-4069-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 18 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 002 </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 292370.62 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 18 / 2014 </div>	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>	
City Shreveport	State LA	Zip Code 71104	<b>Transaction ID : e4f24bb4-9fde-40af-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 18 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 554635.78 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 42.12 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1202 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">12.90</span>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 2cb0dc38-cd8e-4dd7-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 64c9d3b6-8acd-4ea2-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">92.90</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1203 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">27.60</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a2168bd3-18a9-4a24-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4de7014a-3e72-4cd3-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1204 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : <b>c4763871-fb29-4633-9</b>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Thomas Dias</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address 110 Maryella Dr			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>ce61809c-dd10-46f4-8</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">31.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1205 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>					
Full Name of Payee <b>Thomas Dias</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>110 Maryella Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">2.10</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>88d028e9-4e59-43fa-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>180 McNeil Steep Hollow Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>Carriere</b>	State <b>MS</b>	Zip Code <b>39426</b>	Transaction ID : <b>d5e25647-c8e1-400a-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>09 / 18 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">42.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1206 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Mailing Address 180 McNeil Steep Hollow Rd			Amount <span style="border:1px solid black; padding:2px;">11.10</span>	
City Carriere	State MS	Zip Code 39426	Transaction ID : <b>b4c9e649-a948-46ec-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Mailing Address P.O. Box 712			Amount <span style="border:1px solid black; padding:2px;">75.00</span>	
City Alexander	State AR	Zip Code 72002	Transaction ID : <b>dc1d9383-a93c-4102-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">86.10</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1207 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>P.O. Box 712</b>			Amount <span style="border: 1px solid black; padding: 2px;">17.40</span>		
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>86ecc836-687e-4a9f-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>22369 Ponderosa Dr.</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>366d1bfc-7c17-49e4-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">67.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1208 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.60</div>		
City Mandeville		State LA	Zip Code 70471		<b>Transaction ID : e4dd97aa-3b88-427b-8</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 282 Falls Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Granite Falls		State NC	Zip Code 28630		<b>Transaction ID : c94f6754-e699-4ce1-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">66.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1209 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    282 Falls Ave			Amount <span style="border: 1px solid black; padding: 2px;">29.70</span>		
City Granite Falls		State NC	Zip Code 28630		Transaction ID : a45f929d-36a1-4d8a-b
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Odessa		State FL	Zip Code 33556		Transaction ID : a46ca835-3358-4c61-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1210 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Anna C Didier</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>710 S College Rd Apt 84</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>d79f9f99-4713-4c40-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Anna C Didier</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>710 S College Rd Apt 84</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>57f8782f-9f81-4a70-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1211 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 45.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 2405149a-ce01-4ab5-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 14.70	
City Elgin	State SC	Zip Code 29045	Transaction ID : 32a06dd1-86e6-41d5-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	59.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 1700 E Part Ave			Amount 24.33		
City	State	Zip Code	Transaction ID : 6a9710ad-031b-48e5-8		
Searcy	AR	72149	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	61.83
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Peggy A Sides</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 2183 Spokane Rd		Amount <div> <div>Amount</div> <div>25.50</div> </div>	
City Fayetteville	State NC	Zip Code 28304	<b>Transaction ID : b37e0acc-7088-4ff3-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>105.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1214 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>40.00</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>7aee38e2-c4dd-427b-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>31.20</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>5de9769b-d44b-47a7-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>71.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1215 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kay Davis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5117 Carr Dr		Amount 20.00	
City Grifton	State NC	Zip Code 28530	<b>Transaction ID : 1c72ae8a-ac37-46e4-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kay Davis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5117 Carr Dr		Amount 10.80	
City Grifton	State NC	Zip Code 28530	<b>Transaction ID : 2d963832-d272-4b50-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	30.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>John W Antonetz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 3.60	
City Little Rock	State AR	Zip Code 72217	Transaction ID : edc181f2-4ca0-47d2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>33.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1217 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>6 Sherwood Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>b829fde6-07ed-4ef6-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>6 Sherwood Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>76924f72-8092-4f47-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">36.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Tymer D Crawley</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 6 Sherwood Dr		Amount <div> <div>MM / DD / YYYY</div> <div>6.00</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 1fdd9b4c-7943-4405-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1219 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">14.50</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>6de5e8c9-be8e-4df3-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">8.70</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>4f9a7ba7-11ec-48ed-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">23.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1221 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 3110 Brentwood Rd		Amount <div style="border: 1px solid black; padding: 2px;">30.00</div>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>c3c37914-cb12-4c1e-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 3110 Brentwood Rd		Amount <div style="border: 1px solid black; padding: 2px;">15.60</div>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : <b>c4dd23cb-bbc8-43ce-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">45.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>		
Mailing Address 10112 Piney Creek Ct			Amount <div> <div>8.70</div> </div>		
City Charolette	State NC	Zip Code 28215	<b>Transaction ID : 7fe55b35-f7ab-487e-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	38.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1223 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jennifer Susky</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>1117 Shadow Lane</b>		Amount <b>10.00</b>	
City <b>Benton</b>	State <b>AR</b>	Zip Code <b>72015</b>	Transaction ID : <b>33018c22-87e6-4438-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jennifer Susky</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>1117 Shadow Lane</b>		Amount <b>1.50</b>	
City <b>Benton</b>	State <b>AR</b>	Zip Code <b>72015</b>	Transaction ID : <b>319415ea-53fc-47a7-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>11.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1224 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 70.00	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 26d09893-4c05-495c-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 24.30	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 5ed9689d-a355-4817-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	94.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1225 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>50.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>b4b2930c-04cb-4cf5-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>23.70</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>88f42ead-44d3-4383-a</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>73.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1226 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 4902 Catawba Dr		Amount 50.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f4792dd4-d8cd-41fe-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 4902 Catawba Dr		Amount 22.20		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c31ae12-831c-49b6-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015
Signature				

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 308 West Main Street		Amount <div> <div>Amount</div> <div>32.50</div> </div>	
City Pilot Mountain	State NC	Zip Code 27041	<b>Transaction ID : ae1efd6-cef2-4b1d-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	65.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1228 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>17.58</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>3999491c-4e2c-4b52-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>1900 Glen West Way</b>		Amount <b>95.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72916</b>	Transaction ID : <b>30ef3dec-aa56-48be-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>112.58</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1229 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">25.20</span>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : d9bd2d96-7718-403f-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : dc154df4-bd99-4c4e-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">100.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
<i>Ms. Emily Buchanan</i> _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1230 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>2357 Fancy Cap Rd</b>			Amount <span style="border:1px solid black; padding:2px;">32.94</span>		
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>79df4139-aa38-45ee-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Mailing Address <b>1410 Bushville Dr</b>			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>f5b4d817-94a6-4545-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 18 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">57.94</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1231 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Mailing Address <b>1410 Bushville Dr</b>			Amount <span style="border:1px solid black; padding:2px;">10.50</span>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>14c44caf-7e9e-4e18-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Mailing Address <b>629 Radiance Ave</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	Transaction ID : <b>80a7269b-a827-4b97-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">60.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1232 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 629 Radiance Ave			Amount <span style="border:1px solid black; padding:2px;">9.90</span>		
City Metairie	State LA	Zip Code 70001	Transaction ID : 1207a9c6-3003-4a71-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 220 Doucet Rd			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8f550aab-a858-4059-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">29.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1233 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : <b>4e82abef-2a64-4bb4-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City    State    Zip Code Winchester    VA    22602		Transaction ID : <b>95514910-cfb8-4b5b-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">81.50</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date    <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1234 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jazmine d Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>100 ASBURY CT</b>		Amount <b>70.00</b>	
City <b>WINCHESTER</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>dcf707ed-d498-42cd-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>100 Asbury Ct</b>		Amount <b>60.00</b>	
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>61343653-8d28-42c3-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>130.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1235 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address 100 Asbury Ct			Amount <b>80.00</b>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>344d4454-62bb-4e23-8</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <b>00</b> State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <b>70.00</b>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>b350a531-f5ae-4c94-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <b>00</b> State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>150.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1236 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address <b>100 Asbury Ct</b>		Amount <b>70.00</b>		
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>28536de7-5020-4948-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>John P Hilkert</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address <b>7 Bards Lane</b>		Amount <b>82.50</b>		
City <b>Fletcher</b>	State <b>NC</b>	Zip Code <b>28732</b>	Transaction ID : <b>3b255a9f-6e1c-4e28-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>152.50</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1237 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    7 Bards Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.10</div>		
City Fletcher		State NC	Zip Code 28732		Transaction ID : <b>b5509a6b-b87e-4108-b</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address    6101 NORA ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : <b>5e811a37-c6b2-4b5d-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">91.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1238 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div>		
City METAIRIE		State LA	Zip Code 70003		<b>Transaction ID : b7b0d48b-8c19-4051-b</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Searcy		State AR	Zip Code 72149		<b>Transaction ID : 7ad2b580-53b5-405d-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">23.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1239 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address Box #11543 915 E Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">2.43</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 0f9b8102-6d18-458f-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : c90879a4-84c8-49c0-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">82.43</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 9455 Snow Camp Road		Amount <div> <div>Amount</div> <div>45.00</div> </div>	
City Snowcamp	State NC	Zip Code 27349	<b>Transaction ID : 7782f45e-5324-4cbd-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	52.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1241 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 18 / 2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border:1px solid black; padding:2px;">5.40</span>		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : <b>f717f608-74a1-49ab-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 18 / 2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 18 / 2014</span>		
Mailing Address 250 JS Brewton rd			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : <b>953d4452-5cdc-4eb8-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 18 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">45.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1242 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 2b3b639e-a012-47d6-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    7151 Mullins Drive			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Saltville	State VA	Zip Code 24370	Transaction ID : cbcfbfc2-e50e-455e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : cbe4e882-f597-4bf8-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	89.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Full Name of Payee <b>Sandra L Clarke</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 7636150d-f2fd-4def-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>▶</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>▶</b>	
(c) TOTAL Independent Expenditures.....	<b>▶</b>	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1245 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Sterling	State VA	Zip Code 20165	Transaction ID : e6e95a43-17d9-467d-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 502 N Oak St			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3319ce4d-a9a1-4bab-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">50.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 502 N Oak St		Amount 6.30	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 42da63e0-14ee-492c-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 502 N Oak St		Amount 65.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 16532874-8591-496c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	71.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1247 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 06 / 2014</b>	
Mailing Address <b>502 N Oak St</b>			Amount <span style="border:1px solid black; padding:2px;">11.10</span>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>05a4d71c-02ad-4673-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 06 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 13 / 2014</b>	
Mailing Address <b>502 N Oak St</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>e1b4e024-3f93-4b64-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 13 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">101.10</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1248 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : <b>ec4d31f6-0dd0-4eac-9</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">13.08</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : <b>5cd4bab3-e684-4d8a-a</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.58</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : aa40de78-39ef-4a6e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	57.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 6.00	
City Conway	State AR	Zip Code 72034	Transaction ID : da01eed0-9ab6-476c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 317 Farris Rd Apt 1		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 2cad0d99-0155-4a51-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	36.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1251 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 19 / 2014</b>	
Mailing Address <b>317 Farris Rd Apt 1</b>		Amount <b>6.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>2bae7473-f8a1-415e-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Mailing Address <b>2730 Dave Ward Dr</b>		Amount <b>40.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>c2c8b47a-883c-467a-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>46.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M / D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1252 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : a203f425-91ea-4162-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Regina R Mouton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 5827 Brighton Pl		Amount 15.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : f292d096-3788-474e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1253 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.00</div>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>431320d6-e727-43c5-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>3 Girard</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>21b93a9a-cad8-48b7-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">76.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1254 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address    3 Girard		Amount 18.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : e65cb825-a731-4fb4-8
Purpose of Expenditure Mileage	Category/ Type    002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address    409 LaSalle Drive		Amount 35.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 12c2ffff-34ab-4f29-b
Purpose of Expenditure Salary	Category/ Type    001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	53.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1255 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Monique Guillory</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>		
Mailing Address    409 LaSalle Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.50</div>		
City Little Rock		State AR	Zip Code 72211		Transaction ID : 62b6dc19-ce1d-4af3-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>		
Mailing Address    3 Girard St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : a82ca270-3257-46e6-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">67.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 32.50	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : b75c0880-bbd8-4ab4-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	42.55
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1257 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>1010 S Dogwood Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.50</div>		
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	<b>Transaction ID : 38aa37a0-f212-4d69-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>1010 S Dogwood Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>		
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	<b>Transaction ID : d336842b-538a-4350-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">20.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1258 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>		
Mailing Address    1010 S Dogwood Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">26.40</div>		
City Bogalusa		State LA	Zip Code 70427		<b>Transaction ID : 88256c80-3634-41af-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>		
Mailing Address    2565 Shire Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">20.00</div>		
City Harrisonburg		State VA	Zip Code 22801		<b>Transaction ID : 8d0af8fb-1e0b-4c7d-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">46.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1259 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>
Mailing Address <b>448 Judson Dr</b>		Amount <b>45.00</b>
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>95ebcc52-401e-414a-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Virginia T Grant</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>
Mailing Address <b>134 Shore Crest Circle</b>		Amount <b>40.00</b>
City <b>Carriere</b>	State <b>MS</b>	Zip Code <b>39426</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>4ec06fe7-bd02-4f87-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>85.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1260 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Virginia T Grant</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    134 Shore Crest Circle			Amount <span style="border: 1px solid black; padding: 2px;">9.30</span>		
City Carriere	State MS	Zip Code 39426	Transaction ID : ae478ab3-38b5-4c3c-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1430 Sunnyside Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Alma	State AR	Zip Code 72921	Transaction ID : cc0c77d2-8a57-4733-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 15.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : a49b83cc-d9ac-4a9d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	21.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1262 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kirsten E McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1419 S Highbush Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>		
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72701</b>	Transaction ID : <b>1da04c28-2bb8-4443-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6610 Walcott Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City <b>Paragoud</b>	State <b>AR</b>	Zip Code <b>72450</b>	Transaction ID : <b>4e0a7f3a-5884-40d8-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">14.80</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1263 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Mailing Address 6610 Walcott Rd			Amount <span style="border: 1px solid black; padding: 2px;">1.80</span>		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 952a6d34-ad3f-40b0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Mailing Address 2319 West Oak			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City El Dorado	State AR	Zip Code 71730	Transaction ID : eb3f97f5-d3ae-4979-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1264 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address 3205 Pebble Beach Rd		Amount <b>31.40</b>	
City Conway	State AR	Zip Code 72034	Transaction ID : <b>4d28a171-b1c9-4ccd-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address 3205 Pebble Beach Rd		Amount <b>10.59</b>	
City Conway	State AR	Zip Code 72034	Transaction ID : <b>a0d12628-da18-40e9-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41.99</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 502 N Oak St		Amount 40.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : ce5419bb-4b76-41c0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 502 N Oak St		Amount 13.80	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 5b84dd87-d593-4b76-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	53.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1266 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 502 N Oak St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 9221b5ec-83eb-4d6d-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : f1b7b2a9-55ad-49a8-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">95.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1267 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">2.40</span>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 4db79b34-43fb-4efa-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : f3fbd83c-c705-491a-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">17.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1268 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 19 / 2014</b>	
Mailing Address <b>9909 Treasure Hill Rd</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>1.50</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	<b>Transaction ID : cbe8a490-3eee-4a09-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 19 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>002</b></div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 19 / 2014</b>	
Mailing Address <b>106 Hillside St</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>15.00</b>	
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	<b>Transaction ID : d381d641-e116-42b7-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 19 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>001</b></div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>16.50</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1269 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">16.95</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : 66a9182a-7507-4be2-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Thomas Dias</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 Maryella Dr			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 5e344552-63b6-44a6-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">61.95</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1270 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Thomas Dias</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 Maryella Dr			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 903a0832-9e75-49a5-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    112 apache Dr			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Search	State AR	Zip Code 72149	Transaction ID : de0a6eb3-b02f-43e1-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">41.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 112 apache Dr			Amount 3.00		
City	State	Zip Code	Transaction ID : 0d982c49-6cb8-4eed-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 924 N. Prieur St		Amount 65.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : b1b5ba0a-1d52-4b01-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	68.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City New Orleans	State LA	Zip Code 70116	Transaction ID : bbe6c33d-0b99-415d-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8822 Apple St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5802d085-bac9-4f01-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ruthie M Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address <b>286 Wrenn Drive</b>		Amount <b>32.50</b>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27292</b>	Transaction ID : <b>cf1a94f5-1622-413b-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address <b>314 Tumbleweed Dr</b>		Amount <b>32.50</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27127</b>	Transaction ID : <b>0fb6d47d-a6a9-479a-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>65.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1274 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Marilyn A Holt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    314 Tumbleweed Dr			Amount <span style="border: 1px solid black; padding: 2px;">16.80</span>		
City    Winston Salem		State    NC	Zip Code    27127		Transaction ID : 756c259d-d3a9-45ab-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2134 Tobaccoville Rd			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City    Rural Hall		State    NC	Zip Code    27045		Transaction ID : ceef7644-a3ed-4ac7-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1275 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>92f33244-1352-4d89-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">13.80</span>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>c919f64b-a1ec-4711-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1276 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : eb573203-23da-4ef3-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address 110 W Pecan St		Amount 7.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 08b61f6c-c12c-4790-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1277 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Adena V Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>
Mailing Address 450 Judson Dr		Amount <b>42.50</b>
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Transaction ID : <b>0552260e-ceb3-4df3-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Adena V Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>
Mailing Address 450 Judson Dr		Amount <b>4.50</b>
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Transaction ID : <b>e1789c98-7990-45d1-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>47.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1278 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">27.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8af3a80b-9df4-45fe-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">3.69</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : f1e173b0-9960-4c22-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.69</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 40.00		
City Charolette	State NC	Zip Code 28215	Transaction ID : 8fca989c-e53f-49b0-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 10.50		
City Charolette	State NC	Zip Code 28215	Transaction ID : 07666df3-22a2-48cf-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1280 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>40.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>e4043980-d28f-4a58-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>7.50</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>8c0d49e1-78b8-4488-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>47.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1281 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 19 / 2014</b>	
Mailing Address 2730 Dave Ward Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City Conway	State AR	Zip Code 72034	Transaction ID : d3ae53a2-00ef-45d4-b
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 19 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 19 / 2014</b>	
Mailing Address 2730 Dave Ward Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div>	
City Conway	State AR	Zip Code 72034	Transaction ID : 2a0e1709-8f87-47c2-a
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px;">002</div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 19 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">57.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1282 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lauren E Heffington</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 488 Broadwell Dr			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Nashville		State TN	Zip Code 37220		Transaction ID : 809fbb7d-9ac7-4b12-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lauren E Heffington</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 488 Broadwell Dr			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City Nashville		State TN	Zip Code 37220		Transaction ID : 048bab6a-c1d9-4973-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">23.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1283 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Sandra C Montalbano</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Mailing Address 4177 Lowerline St			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Slidell	State LA	Zip Code 70461	Transaction ID : caaedc24-ff00-4cd0-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra C Montalbano</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Mailing Address 4177 Lowerline St			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City Slidell	State LA	Zip Code 70461	Transaction ID : cc24a792-c330-4253-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">39.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1284 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address 3113 Imperial Valley Dr.		Amount <b>20.00</b>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : <b>ac13772a-90b6-4d5a-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>	
Mailing Address 3113 Imperial Valley Dr.		Amount <b>5.10</b>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : <b>043d5e03-e058-48d7-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>25.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1285 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    804 Roundabout Circle			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code Searcy    AR    72143		Transaction ID : a65f871f-d401-4505-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2121 Daniel Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code Searcy    AR    72143		Transaction ID : 61c36b8f-e0de-4abf-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1286 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">34.89</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 21beb95d-1e6d-41e8-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Caleb A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    2646 N Valencia			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : dffbe730-3894-4aa5-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">64.89</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1287 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Caleb A Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Mailing Address 2646 N Valencia			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 601ac2a5-ddc7-410b-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Winchester	State VA	Zip Code 22602	Transaction ID : 45390f7a-81bc-4d5e-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1288 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Mailing Address 100 ASBURY CT			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : d88c0e50-dad4-4a79-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Mailing Address 100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7618f9db-f0c1-4377-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">100.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	
Signature				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1289 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : c099a6b7-7622-4c8b-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 21256fd7-f067-4ece-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">100.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1290 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 7f551758-471d-4b63-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 9889c51e-43b3-4468-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1291 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Mailing Address    5510 Dogwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">14.58</div>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>dec74592-3e63-4908-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Mailing Address    100 Asbury Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">50.00</div>		
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>516eb675-2d4d-4194-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">64.58</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1292 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Marysol Netro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    312 S Gunter St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : 638d57a9-be4e-4648-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Clarissa Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    HU 10233 915 E Mancet Ave			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 287a376b-84e4-44db-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">100.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1293 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Clarissa Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <span style="border: 1px solid black; padding: 2px;">31.50</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 7a595cb0-cbbd-471f-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>		
Mailing Address 1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Charlotte		State NC	Zip Code 28211		Transaction ID : 0d13ea79-e34d-45dc-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 19 / 2014</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">111.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Charlotte		State NC	Zip Code 28211		Transaction ID : 9220b916-a020-431e-b
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    P.O. Box 712			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Alexander		State AR	Zip Code 72002		Transaction ID : 971c043d-34ce-4e1b-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1295 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address P.O. Box 712		Amount 15.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : eed91eb8-50d4-441a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kelly Dolan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 543 S 2nd St		Amount 80.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 0e4dc675-363e-4e4e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1296 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Mailing Address <b>543 S 2nd St</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">10.50</div>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>a52c2717-bc1e-4c82-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Mailing Address <b>1900 Glen West Way</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">95.00</div>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72916</b>	Transaction ID : <b>b5d52b97-8a8a-495e-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 19 / 2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">105.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 8abc9ad4-ca0c-49cf-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 2964e6f2-66a2-4b9f-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">10.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1298 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>		
Mailing Address <b>506 N Horton Street</b>		Amount <b>50.00</b>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>dd02651f-7fc1-4ae7-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 19 / 2014</b>		
Mailing Address <b>506 N Horton Street</b>		Amount <b>22.20</b>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>dc0f3323-52fb-4a10-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>72.20</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
		[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1299 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City College Grove		State TN	Zip Code 37046		Transaction ID : 1dba82a8-cfa4-4c75-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : bea2022c-ac8a-49e2-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">130.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">15.90</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 5ba34ee2-6c9c-40cf-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 6001924e-442f-437e-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1301 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border:1px solid black; padding:2px;">6.90</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>bfc1136d-1ad0-46e9-8</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City Sterling	State VA	Zip Code 20165	Transaction ID : <b>f4f7f4f8-7cbc-4037-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">19</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">31.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.50	
City High Point	State NC	Zip Code 27260	Transaction ID : f92c7687-2861-4d91-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: right; margin-bottom: 5px;">31.00</div> <div style="margin-top: 10px;"> </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="margin-top: 10px;"> </div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="margin-top: 10px;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1303 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">72.50</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 69c0cf9f-c0c4-432d-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">12.90</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 0ab3a09f-b670-4097-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1304 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>4902 Catawba Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">85.00</div>		
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	<b>Transaction ID : 3c8969b2-cbe6-49f2-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">           1095959.94         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>4902 Catawba Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14.70</div>		
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	<b>Transaction ID : 176b227b-82e0-4dbf-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">           1095959.94         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">99.70</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

05

18

2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1305 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : aa4a52ff-cbb0-4c2b-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : e3e2bc66-a2b9-4b41-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">44.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1306 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Francesca Blom</b> <div style="font-size: small; margin-top: 5px;">Originally reported as 9/20, corrected with filing</div>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>		
Mailing Address 101 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>4eb12ab3-429d-4811-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lauren E Heffington</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 488 Broadwell Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Nashville		State TN	Zip Code 37220		Transaction ID : <b>9896cda3-56f2-4ddf-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">100.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;"> </div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;"> </div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div><div style="width: 20%;"></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1307 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>2319 West Oak</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City    State    Zip Code <b>El Dorado    AR    71730</b>		Transaction ID : <b>77868f2d-f591-4925-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>2319 West Oak</b>			Amount <span style="border: 1px solid black; padding: 2px;">4.56</span>		
City    State    Zip Code <b>El Dorado    AR    71730</b>		Transaction ID : <b>062f91a6-c124-420c-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">34.56</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1308 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Quentin C Pool</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 20 / 2014</span>	
Mailing Address    4091 E Horne Ave			Amount <span style="border:1px solid black; padding:2px;">25.00</span>	
City Farmville	State NC	Zip Code 27828	Transaction ID : f0913340-b0ab-4340-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 20 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Quentin C Pool</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 20 / 2014</span>	
Mailing Address    4091 E Horne Ave			Amount <span style="border:1px solid black; padding:2px;">9.00</span>	
City Farmville	State NC	Zip Code 27828	Transaction ID : f232ec6b-d48e-40b7-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 20 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">34.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1309 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jennie Butler</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address    1676 Shady Creek Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">30.00</div>		
City Ayden	State NC	Zip Code 28513	Transaction ID : 0c06847a-651f-4f94-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennie Butler</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address    1676 Shady Creek Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">5.40</div>		
City Ayden	State NC	Zip Code 28513	Transaction ID : 88b45055-be3d-4a4e-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">35.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1310 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kacie Gleb</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>3815 Robin Road</b>		Amount <b>30.00</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>fe83eecb-2dc5-401c-a</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Matt Gleb</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>3815 Robin Road</b>		Amount <b>33.00</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>c330b617-aa08-4cb6-b</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>63.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1311 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Matt Gleb</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 3815 Robin Road		Amount 9.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 7d6992f8-f0c1-401d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 5156ebbe-53e8-4c30-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		89.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1312 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>4967 Dysartsville Rd</b>		Amount <b>80.00</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>a8badac1-39c7-4153-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>4967 Dysartsville Rd</b>		Amount <b>7.50</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>28c4fca7-32c9-41aa-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>87.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1313 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Lindsey E Helms</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address    301 N Clinic Apt 3			Amount <span style="border:1px solid black; padding:2px;">45.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>e66af529-7e54-4349-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lindsey E Helms</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address    301 N Clinic Apt 3			Amount <span style="border:1px solid black; padding:2px;">22.80</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>bcd6d592-1d41-4452-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">67.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1314 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 25.00	
City Bogalusa	State LA	Zip Code 70427	<b>Transaction ID : d9e93ff7-ebec-44cd-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 11.40	
City Bogalusa	State LA	Zip Code 70427	<b>Transaction ID : 95cfbcc4-f9bd-4e90-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1315 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    450 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 3cddd5e3-85db-496f-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    450 Judson Dr			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 1379b9ed-59db-4ff3-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">22.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1316 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>15.00</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>4e5aaeb2-a7ac-43d2-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>James A Sears</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>305 Averroe Dr</b>		Amount <b>70.00</b>	
City <b>Apex</b>	State <b>NC</b>	Zip Code <b>27502</b>	Transaction ID : <b>93336e9e-cff6-4a2e-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>85.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 409 LaSalle Drive		Amount 7.50	
City Little Rock	State AR	Zip Code 72211	Transaction ID : f8d52070-fc9f-40de-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	47.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1318 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Kay Davis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>5117 Carr Dr</b>			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City <b>Grifton</b>	State <b>NC</b>	Zip Code <b>28530</b>	Transaction ID : <b>445a27f1-869b-4173-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kay Davis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>5117 Carr Dr</b>			Amount <span style="border:1px solid black; padding:2px;">9.00</span>		
City <b>Grifton</b>	State <b>NC</b>	Zip Code <b>28530</b>	Transaction ID : <b>5851c350-ce9b-4ab2-8</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">39.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1319 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address    3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code <b>Ft Smith    AR    72901</b>		Transaction ID : <b>1ecf11f7-59d2-4fea-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address    3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">8.70</span>		
City    State    Zip Code <b>Ft Smith    AR    72901</b>		Transaction ID : <b>4467c20c-117f-42af-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1320 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Caleb A Rowan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 14619 Brown Bear Dr P.O. Box 7481			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Little Rock		State AR	Zip Code 72223		Transaction ID : a9234aa8-4914-4317-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Caleb A Rowan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 14619 Brown Bear Dr P.O. Box 7481			Amount <span style="border: 1px solid black; padding: 2px;">39.00</span>		
City Little Rock		State AR	Zip Code 72223		Transaction ID : 82f7d536-c18b-4f69-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">119.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1321 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address <b>345 Auroura Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55.00</div>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	<b>Transaction ID : 8a41cac9-51c1-40dd-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address <b>345 Auroura Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.69</div>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	<b>Transaction ID : 924d98dd-aca6-47e0-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">58.69</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1322 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Anthony W Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014
Mailing Address 3405 German Shepherd Trail		Amount 35.00
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6f255b7b-ac1b-49ea-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Anthony W Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014
Mailing Address 3405 German Shepherd Trail		Amount 3.36
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : bee99699-f045-467e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1323 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <span style="border: 1px solid black; padding: 2px;">24.50</span>		
City Raleigh		State NC	Zip Code 27613		Transaction ID : <b>4e2641e0-e060-420a-9</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <span style="border: 1px solid black; padding: 2px;">1.50</span>		
City Raleigh		State NC	Zip Code 27613		Transaction ID : <b>e2249637-6d52-43ff-8</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1324 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jeremy Hollar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 60.00	
City Boone	State NC	Zip Code 28607	Transaction ID : f5c68aff-48df-43d1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jeremy Hollar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 10.20	
City Boone	State NC	Zip Code 28607	Transaction ID : 441bf141-d420-4427-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		70.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Matt Curran</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1537 Country Lane		Amount 25.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 92ce44d6-2c8e-469e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	105.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1326 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Matt Curran</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014	
Mailing Address 1537 Country Lane			Amount <span style="border:1px solid black; padding:2px;">13.50</span>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 3fdcc7d7-805c-46c2-9	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount <span style="border:1px solid black; padding:2px;">81.00</span>	
City Searcy	State AR	Zip Code 72149	Transaction ID : 46f9d410-62aa-452c-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">94.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1327 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Rachel H Young</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>Box #11543 915 E Market Ave</b>		Amount <b>53.70</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>37034724-e686-4585-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Natalie M Foutch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1057 Waldron Road</b>		Amount <b>8.10</b>	
City <b>LaVergne</b>	State <b>TN</b>	Zip Code <b>37086</b>	Transaction ID : <b>90442b50-1a57-4e58-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>61.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1328 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 615 Live Oak Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City searcy		State AR	Zip Code 72143		<b>Transaction ID : 69b20853-a56d-4e88-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 1430 Sunnyside Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Alma		State AR	Zip Code 72921		<b>Transaction ID : 33879275-0035-4194-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">155.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1329 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1430 Sunnyside Rd			Amount <span style="border: 1px solid black; padding: 2px;">11.70</span>		
City Alma		State AR	Zip Code 72921		Transaction ID : b68f8ba3-0d3d-4c0c-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Barbara A Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3002 Darden Rd Apt A			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 44c3aba2-ee1a-458f-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1330 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 24f38308-7c33-4ca4-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.09	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 7cfd0050-a7d6-4089-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	23.09
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1331 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Kristian A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address    121 Blueberry Fields			Amount <span style="border:1px solid black; padding:2px;">10.00</span>		
City Maple Hill	State NC	Zip Code 28454	Transaction ID : 4daf0ef2-6c96-4581-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kristian A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address    121 Blueberry Fields			Amount <span style="border:1px solid black; padding:2px;">1.92</span>		
City Maple Hill	State NC	Zip Code 28454	Transaction ID : 19fb3574-d73f-42af-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">11.92</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1332 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 60.30	
City Lexington	State NC	Zip Code 27295	Transaction ID : fc7137ad-ac01-41af-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 18.60	
City Lexington	State NC	Zip Code 27295	Transaction ID : da2f6c48-d5a0-4f6e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1333 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    200 Carawood Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.30</div>		
City Lexington	State NC	Zip Code 27295	Transaction ID : eadf93fa-12bf-41b1-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    2565 Shire Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 31202d5c-4bd8-439a-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1334 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 07dcb93f-235d-41c1-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">1.50</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 692548a5-60c5-474f-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">11.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1335 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address <b>147 Possum Trot Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	<b>Transaction ID : b462d531-8bbe-4f54-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address <b>147 Possum Trot Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27.60</div>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	<b>Transaction ID : d4ed1e8f-c56c-4035-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">97.60</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1336 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ruthie M Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>286 Wrenn Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27292</b>	Transaction ID : <b>e1c0a154-88fb-4721-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>22369 Ponderosa Dr.</b>			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>c2468b98-17a6-4384-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1337 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 645bc9bb-8674-44bf-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 407 randall Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 65199eca-8cb1-4992-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">46.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 40.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 5d58b486-2a17-4f57-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	42.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Marilyn A Holt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 314 Tumbleweed Dr			Amount <span style="border: 1px solid black; padding: 2px;">14.40</span>		
City Winston Salem		State NC	Zip Code 27127		Transaction ID : 3bfba2b6-5751-41d7-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra C Montalbano</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4177 Lowerline St			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City Slidell		State LA	Zip Code 70461		Transaction ID : dfb0b002-9848-420e-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">49.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1340 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Sandra C Montalbano</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014		
Mailing Address 4177 Lowerline St			Amount <span style="border:1px solid black; padding:2px;">99999999</span> 3.30		
City Slidell	State LA	Zip Code 70461	Transaction ID : 92b127ea-2200-4e5b-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">99999999</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014		
Mailing Address 250 JS Brewton rd			Amount <span style="border:1px solid black; padding:2px;">99999999</span> 60.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 84087661-5294-4a39-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">99999999</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span> 63.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 9425 Jessica Drive		Amount 42.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 095277b6-da51-433d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	47.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1342 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9425 Jessica Drive			Amount <span style="border: 1px solid black; padding: 2px;">4.20</span>		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 1678132f-b4c5-4ea1-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paul Rickert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 710 St. Martins Lane			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 2e2828da-84a6-4d14-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">19.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Clay A McCreary</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 1762 Orchard Drive		Amount <div> <div></div> <div>34.50</div> </div>	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : 062a32b1-be56-4490-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	104.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1344 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2014		
Mailing Address 4902 Catawba Dr		Amount 27.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : d3242bc7-230b-4061-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2014		
Mailing Address 4902 Catawba Dr		Amount 10.20		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 255978f1-be2b-4b41-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		37.70		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1345 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Michelle Rickert</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address    710 St. Martins Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">4.20</div>		
City Bossier City		State LA	Zip Code 71111		<b>Transaction ID : 205ee72a-38ac-4c2a-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address    1025 Cayley Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">30.00</div>		
City High Point		State NC	Zip Code 27260		<b>Transaction ID : 8946f517-1fde-4f58-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">34.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1346 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1025 Cayley Ct		Amount 9.30		
City High Point	State NC	Zip Code 27260	Transaction ID : 9d035689-f302-4a20-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1025 Cayley Ct		Amount 30.00		
City High Point	State NC	Zip Code 27260	Transaction ID : e4e995a8-600f-433f-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		39.30		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee <b>Jacob L Colbert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 49 Sharon Circle		Amount 20.00	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 82816e47-fd97-489a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>30.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1348 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>Jacob L Colbert</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>	
Mailing Address <b>49 Sharon Circle</b>		Amount <span style="border:1px solid black; padding:2px;">13.50</span>	
City <b>Greenbrier</b>	State <b>AR</b>	Zip Code <b>72058</b>	Transaction ID : <b>9c256a68-4563-4de5-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>	
Mailing Address <b>3007 Darden Rd</b>		Amount <span style="border:1px solid black; padding:2px;">70.00</span>	
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>	Transaction ID : <b>626de8b9-fef4-487f-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">83.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1349 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 3007 Darden Rd		Amount 16.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 94896748-e2dd-4c64-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 3007 Darden Rd		Amount 70.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5492e202-e676-429d-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86.80
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1350 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Mailing Address 5003 Allison Lane		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">60.00</div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 7d2cd832-1429-4eaf-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Mailing Address 5003 Allison Lane		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">1.50</div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 478cb4a1-1d4d-4549-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">61.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1351 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>JoAnn Burks</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 10 Castle Hill Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">30.00</div>		
City Little Rock		State AR	Zip Code 72227		Transaction ID : 513c4481-31b3-4da7-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>JoAnn Burks</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 10 Castle Hill Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">9.00</div>		
City Little Rock		State AR	Zip Code 72227		Transaction ID : 4509773d-78c2-4491-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">39.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1352 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address    404 Chancery Park Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Kernersville	State NC	Zip Code 27284	<b>Transaction ID : 289afd15-c2bf-4a1e-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address    404 Chancery Park Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>	
City Kernersville	State NC	Zip Code 27284	<b>Transaction ID : 99891b3f-495c-467d-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">67.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 3110 Brentwood Rd		Amount <div> <div>9.30</div> </div>	
City Raleigh	State NC	Zip Code 27604	<b>Transaction ID : 1e2603c5-253b-449a-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
District: 00 State: NC		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	59.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1354 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 20 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>90.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>6373b6b7-f633-40c1-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 20 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 20 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>28.20</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>c79977b3-aaed-4be9-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 20 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>118.20</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1355 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border:1px solid black; padding:2px;">25.00</span>	
City Sterling	State VA	Zip Code 20165	Transaction ID : <b>dccaf5a1-00a4-4884-9</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 2329 Runnymede Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>2f58fa9e-b25e-4a47-a</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">85.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1356 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 2329 Runnymede Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.40</div>		
City Marrero	State LA	Zip Code 70072	<b>Transaction ID : 091a6f6d-fc29-4d2f-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Caleb Craig</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 1410 Bushville drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : 1e8079df-93b5-4f1b-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">68.40</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div>Signature <u>Ms. Emily Buchanan</u></div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1357 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Heather N Montgomery</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 20 / 2014		
Mailing Address    106 Wyncrest Ct			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : <b>b45eb89e-c26c-4a7b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Heather N Montgomery</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 20 / 2014		
Mailing Address    106 Wyncrest Ct			Amount <span style="border: 1px solid black; padding: 2px;">38.10</span>		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : <b>fca6567c-8067-4939-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">128.10</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05        18        2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1358 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Kinsey E Beck</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    103 Glenhaven Ct			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City Harvest	State AL	Zip Code 35749	Transaction ID : f108eb92-0f35-4d89-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    1436 Haigs Creek Dr			Amount <span style="border:1px solid black; padding:2px;">125.00</span>	
City Elgin	State SC	Zip Code 29045	Transaction ID : 1ef9b5f6-54f3-4e29-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">215.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1359 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>69.90</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>d5faa4c6-7945-4ce4-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address <b>18065 Wayne Rd</b>		Amount <b>125.00</b>	
City <b>Odessa</b>	State <b>FL</b>	Zip Code <b>33556</b>	Transaction ID : <b>1db59189-5712-4d7f-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>194.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1360 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>da1a25a8-8fa7-462a-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>947bd37d-bfe4-4e38-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1361 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address 2320 Saint Nick Dr		Amount <b>70.00</b>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : <b>c8525a61-0b42-454e-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2014</b>	
Mailing Address 2320 Saint Nick Dr		Amount <b>13.20</b>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : <b>47f75af6-7b61-46f7-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>83.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 1900 Glen West Way		Amount <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : <b>06383cc5-a06b-49f4-9</b>
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	13.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 4691 Hercules Lane		Amount 80.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 09c8eb42-5e55-4616-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 110 Maryella Dr		Amount 50.00	
City	State	Zip Code	Transaction ID : 712123cc-8ec0-45b8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	130.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Earl Stewart</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 9455 Snow Camp Road		Amount <div> <div>70.00</div> </div>	
City Snowcamp	State NC	Zip Code 27349	<b>Transaction ID : 61dfbf77-d909-4a1d-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>103.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1365 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>		
Mailing Address <b>9455 Snow Camp Road</b>			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City <b>Snowcamp</b>		State <b>NC</b>	Zip Code <b>27349</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>172dc225-b46e-4d82-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Royce W Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address <b>317 Farris Rd Apt 1</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Conway</b>		State <b>AR</b>	Zip Code <b>72034</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>c9b2920c-7269-4671-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">28.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

Full Name of Payee <b>Sandra L Clarke</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 20.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 161da341-1888-46a5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	27.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1367 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Sandra L Clarke</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 7.50	
City Conway	State AR	Zip Code 72032	Transaction ID : bab5aa10-608b-4299-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 50.00	
City Alma	State AR	Zip Code 72921	Transaction ID : c513c87c-fb29-4dc1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1368 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <b>6.90</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	Transaction ID : <b>009551f2-6d2d-4565-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Mailing Address <b>110 Maryella Dr</b>		Amount <b>30.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>6242bce8-3b33-4116-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>36.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div> <div></div> <div>52.00</div> </div>	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : 2c937a6d-8036-426d-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	65.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1370 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Mailing Address <b>200 Carawood Lane</b>		Amount <b>52.00</b>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>d6e936c2-d7f7-40a9-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>	
Mailing Address <b>200 Carawood Lane</b>		Amount <b>15.00</b>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>30ff28fe-5822-42c2-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 21 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>67.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1371 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 21 / 2014</b>		
Mailing Address <b>502 N Oak St</b>		Amount <b>40.00</b>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>764fe2ea-9bf4-49e2-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 21 / 2014</b>		
Mailing Address <b>502 N Oak St</b>		Amount <b>6.30</b>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>0afc2b22-99e1-4a6d-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>46.30</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1372 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : <b>df234d61-80b3-4562-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.70</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : <b>b7e14386-d5af-4fb5-b</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1373 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Mailing Address 3205 Pebble Beach Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>		
City Conway	State AR	Zip Code 72034	<b>Transaction ID : e8bdb925-6d8c-4799-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Mailing Address 3205 Pebble Beach Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.41</div>		
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 85bb94d2-4932-41ec-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">22.41</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1374 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Kinsey E Beck</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    103 Glenhaven Ct			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Harvest	State AL	Zip Code 35749	Transaction ID : 5d0a4221-4efe-494d-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Heather N Montgomery</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    106 Wyncrest Ct			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 827bdad0-4c4c-4ffb-a	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">100.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1375 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Heather N Montgomery</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    106 Wyncrest Ct			Amount <span style="border: 1px solid black; padding: 2px;">33.60</span>		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : f5e3bf3c-87c9-4fff-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : e452889b-737e-41c5-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">98.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1376 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 110 W Pecan St		Amount 20.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1f173d14-5214-4198-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 250 JS Brewton rd		Amount 50.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : d5fa0d30-e50b-47b8-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1377 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 21 / 2014</span>		
Mailing Address 250 JS Brewton rd			Amount <span style="border:1px solid black; padding:2px;">2.70</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 56b2ff40-f5ab-4042-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 21 / 2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 21 / 2014</span>		
Mailing Address 112 apache Dr			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City Search	State AR	Zip Code 72149	Transaction ID : ee007c7e-464d-4830-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 21 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">27.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1378 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address    112 apache Dr			Amount <span style="border:1px solid black; padding:2px;">3.60</span>		
City Search	State AR	Zip Code 72149	Transaction ID : <b>6b149f32-922e-40a1-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 21 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address    6610 Walcott Rd			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City Paragoud	State AR	Zip Code 72450	Transaction ID : <b>b5aace88-7d5f-4f77-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 21 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">23.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1379 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : <b>bb0ee2fd-9415-4ffe-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">1.17</span>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : <b>ff88c0db-ce4c-4af7-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">31.17</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1380 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1103 West Wilson Street			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8a91fbc8-6f50-4091-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1103 West Wilson Street			Amount <span style="border: 1px solid black; padding: 2px;">16.20</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8d6bd140-7b64-4c28-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">81.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1381 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address 2936 Brushwood Ave			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Springdale	State AR	Zip Code 72764	Transaction ID : d0cd11b6-916c-4c97-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lourdes Lopez</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address 2936 Brushwood Ave			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City Springdale	State AR	Zip Code 72764	Transaction ID : de0797f2-87e4-4deb-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 2121 Daniel Dr		Amount 20.40	
City	State	Zip Code	Transaction ID : ecc88ea3-af5f-448a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	55.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1383 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 0f666afa-9acb-48eb-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border:1px solid black; padding:2px;">5.10</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 4e2c815d-6436-4c86-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">65.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1384 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 21 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>45.00</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>8b31e42e-8752-426d-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 21 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>10.83</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>d7f6af8f-4f49-402f-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>55.83</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 307 Farris Rd Apt 1		Amount <div> <div>Amount</div> <div>2.10</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 0e94f7c4-50ed-48b9-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	12.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 95.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 296436be-c7f8-42c9-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>190.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1387 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 51.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 1a8be105-b4b8-4f2a-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 75820334-7323-4e8e-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		111.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1388 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">22.80</span>		
City    State    Zip Code Shreveport    LA    71104		Transaction ID : 1babc329-5336-48d7-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code Shreveport    LA    71119		Transaction ID : 2442526f-9706-4ee0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">82.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 205 Medallion Circle		Amount 12.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3865f042-3f77-46b2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James A Sears</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 305 Averroe Dr		Amount <div> <div></div> <div>60.00</div> </div>	
City Apex	State NC	Zip Code 27502	<b>Transaction ID : 5e88d840-8fcc-4525-a</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 21 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	72.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1390 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 21 / 2014</b>	
Mailing Address    1025 Cayley Ct			Amount <span style="border:1px solid black; padding:2px;">75.00</span>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>46290be3-9488-4ccb-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 21 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 21 / 2014</b>	
Mailing Address    1025 Cayley Ct			Amount <span style="border:1px solid black; padding:2px;">14.40</span>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>e12aaedb-cea6-4c50-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 21 / 2014</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">89.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1391 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 21 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>70.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>a0141737-06e6-45f1-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2014</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 21 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>15.30</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>b286793b-a568-4ad3-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2014</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>85.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1392 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : dcc37c8d-d423-4dd5-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">14.40</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 920374e6-9b51-4671-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 21 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1393 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address P.O. Box 712			Amount 30.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 15b5061c-e03a-4c7a-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address P.O. Box 712			Amount 14.40		
City Alexander	State AR	Zip Code 72002	Transaction ID : a7fc734c-ca9e-45c1-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	44.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1394 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Amelia Brackett</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 21 / 2014         </div>	
Mailing Address 804 Roundabout Circle		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           35.00         </div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 0d3ae4-87b9-48fa-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 21 / 2014         </div>
Purpose of Expenditure Salary		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         001       </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">         292370.62       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 21 / 2014         </div>	
Mailing Address 404 Chancery Park Ct		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           35.00         </div>	
City Kernersville	State NC	Zip Code 27284	<b>Transaction ID : e428f1d4-0f9c-46d7-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 21 / 2014         </div>
Purpose of Expenditure Salary		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         001       </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">         1095959.94       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         70.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         70.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1395 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 21 / 2014		
Mailing Address 404 Chancery Park Ct			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Kernersville		State NC	Zip Code 27284		Transaction ID : 9319cb3d-a3ed-4ffe-b
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 21 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 348ff603-eee3-4359-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">66.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1396 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">13.50</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : e1f3f0ad-dbbc-4eaa-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    543 S 2nd St			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 2045e231-d597-493a-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">73.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1397 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 21 / 2014		
Mailing Address 543 S 2nd St			Amount <span style="border: 1px solid black; padding: 2px;">8.10</span>		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 650d1724-39e4-4d75-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2014		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : fd0066cf-8a6c-474a-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">68.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1398 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Mailing Address 2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">22.80</span>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>ded46518-ff1d-4043-8</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Mailing Address 205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>ee607fac-5f64-4dfa-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">52.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1399 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">49.80</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 64daf5fe-9f40-43be-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Bradley K Kissinger</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3113 Imperial Valley Dr.			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 72f03c6a-9578-4e29-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 40.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 7b0f3589-5148-4ec0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1401 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address    2730 Dave Ward Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 8588aca3-f285-411e-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>	
Mailing Address    2730 Dave Ward Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 4da1762e-f86e-4e7a-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1402 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Michael Chinchar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>2730 Dave Ward Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>a5d0488b-4165-4de1-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>e893a580-1810-41ce-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">35.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1403 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">1.80</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>e23de73c-30c4-4a63-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Mailing Address <b>2565 Shire Circle</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>4526b3f1-fa54-4740-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1404 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 112 apache Dr		Amount 20.00	
City Search	State AR	Zip Code 72149	<b>Transaction ID : 862bc18d-a010-4276-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 112 apache Dr		Amount 4.50	
City Search	State AR	Zip Code 72149	<b>Transaction ID : 14f49ed2-5f82-4a0e-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1406 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nathan S Shaw</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>5726 NC Hwy 66 S</b>		Amount <b>55.00</b>	
City <b>King</b>	State <b>NC</b>	Zip Code <b>27021</b>	Transaction ID : <b>45cbf152-17fe-4982-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nathan S Shaw</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>5726 NC Hwy 66 S</b>		Amount <b>12.90</b>	
City <b>King</b>	State <b>NC</b>	Zip Code <b>27021</b>	Transaction ID : <b>0694acda-ccc9-4b90-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>67.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1407 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">13.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 7006af6b-25e0-4f05-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">17.04</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 8cfb8037-75ff-4c3b-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.04</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1408 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>1254 Fleming St Apt 6</b>		Amount <b>24.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>e2b79fff-04aa-450a-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>1254 Fleming St Apt 6</b>		Amount <b>1.80</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>7dc027da-7780-42b7-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>25.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1409 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>		Amount <b>80.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>acea5f7e-45d9-4e39-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>		Amount <b>30.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>ab8dadd8-16a4-461d-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>110.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1410 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Riley J Randolph</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>1701 N Lewis Ave Apt 10</b>		Amount <b>10.00</b>	
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72703</b>	Transaction ID : <b>e44aaf59-8e43-4dd0-8</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Riley J Randolph</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>1701 N Lewis Ave Apt 10</b>		Amount <b>0.90</b>	
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72703</b>	Transaction ID : <b>77297e22-3cd3-4d2a-8</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>10.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1411 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>		
Mailing Address <b>8822 Apple St</b>		Amount <b>70.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>ef836670-fdc1-4583-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>		
Mailing Address <b>8822 Apple St</b>		Amount <b>70.00</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>dcf8e725-9dd4-49e4-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>140.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1412 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>		
Mailing Address    Split Oak Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">67.50</div>		
City charlotte		State NC	Zip Code 28227		<b>Transaction ID : e6d25c17-39e1-4fae-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>		
Mailing Address    Split Oak Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.36</div>		
City charlotte		State NC	Zip Code 28227		<b>Transaction ID : 2f67ffb8-c990-45f2-a</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">88.86</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee <b>Katlyn P Bernardini</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>		
Mailing Address 1326 East Field St			Amount <div> <div>5.10</div> </div>		
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 20e8db34-c60c-43be-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	15.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1414 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Lisa a Bernardini</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>1326 East Field St</b>		Amount <b>10.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>8fe5bfef-8278-4f40-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa a Bernardini</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>1326 East Field St</b>		Amount <b>10.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>55cfb6d4-9838-4403-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>20.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Lisa a Bernardini</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1326 East Field St		Amount 5.10	
City Conway	State AR	Zip Code 72034	Transaction ID : 5275bd40-139f-46d8-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	10.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1416 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 108556e2-f8cf-4020-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : b375fe1f-2853-4a3a-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">25.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 106 Hillside St			Amount 44.34		
City Spindale	State NC	Zip Code 28160	Transaction ID : cad800ec-fa77-468c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	109.34
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address P.O. Box 712		Amount 75.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 022f0130-6f6f-4bfb-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>▶</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>▶</b>	
(c) TOTAL Independent Expenditures.....	<b>▶</b>	

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1419 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address P.O. Box 712			Amount <span style="border: 1px solid black; padding: 2px;">21.60</span>		
City Alexander		State AR	Zip Code 72002		Transaction ID : <b>cebdcac4-fc0e-43fb-9</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">21.50</span>		
City Lexington		State NC	Zip Code 27295		Transaction ID : <b>2e6e8ab4-4955-4d1b-a</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1420 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address 200 Carawood Lane		Amount <b>34.50</b>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>ea05ec6a-5c5c-4a54-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address 200 Carawood Lane		Amount <b>15.30</b>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>251c00db-a6ae-423e-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>49.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1421 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>	
Mailing Address    308 West Main Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Pilot Mountain	State NC	Zip Code 27041	<b>Transaction ID : e45fd0e7-6998-4e6b-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>	
Mailing Address    308 West Main Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.88</div>	
City Pilot Mountain	State NC	Zip Code 27041	<b>Transaction ID : 61a22390-0a6e-4810-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">84.88</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1422 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Ruthie M Thompson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>	
Mailing Address <b>286 Wrenn Drive</b>		Amount <b>35.00</b>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27292</b>	Transaction ID : <b>f7c05e12-b1f5-4676-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <b>District: 00</b> <b>State: NC</b>			
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>	
Mailing Address <b>314 Tumbleweed Dr</b>		Amount <b>35.00</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27127</b>	Transaction ID : <b>6ba6c1cf-81c7-4cb4-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <b>District: 00</b> <b>State: NC</b>			
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>70.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1423 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Marilyn A Holt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    314 Tumbleweed Dr			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City Winston Salem		State NC	Zip Code 27127		Transaction ID : 821f753b-311b-4e86-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : a45bb5ce-4fe8-429e-9
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1424 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2014		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">9.06</span>		
City    State    Zip Code Mt. Airy    NC    27030		Transaction ID : 974661ba-1432-4d91-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2014			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2014		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City    State    Zip Code Mt. Airy    NC    27030		Transaction ID : 545196b2-1e64-4abe-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2014			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">59.06</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1425 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">9.06</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 289b7562-ce1f-4941-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Mailing Address 905 Lake Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Shelby	State NC	Zip Code 28152	Transaction ID : 61f3e217-d60b-4e9d-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">49.06</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 3654 Tara St		Amount 90.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 28d91f9f-73f6-48a9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>110.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1427 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Mattie Harris</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3654 Tara St			Amount <span style="border: 1px solid black; padding: 2px;">36.60</span>		
City    State    Zip Code springdale    AR    72762		Transaction ID : c7047d17-aab2-4085-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City    State    Zip Code Marrero    LA    70072		Transaction ID : d5d0a258-6b08-446a-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 110 W Pecan St		Amount <div> <div>_____</div> <div>40.00</div> </div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : a5cb43ca-5452-4035-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	45.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1429 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">18.30</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>de8aa604-5b4b-458c-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>4ecccc3f-2d48-4278-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.30</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 3007 Darden Rd		Amount <div> <div>90.00</div> </div>	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : b385a382-96d3-4395-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	108.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1431 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 3007 Darden Rd			Amount 18.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : c28950e5-bf1f-40a3-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 3007 Darden Rd			Amount 90.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 517ca1c9-8c3d-474d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1432 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>North Little rock</b>		State <b>AR</b>	Zip Code <b>72116</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>6a7a5cc2-2fca-4870-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">2.52</span>		
City <b>North Little rock</b>		State <b>AR</b>	Zip Code <b>72116</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>c820caed-8e3c-4d8b-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">42.52</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 317 Farris Rd Apt 1		Amount <div> <div>Amount</div> <div>6.00</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : bd7a0771-1c69-4e73-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
292370.62			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	26.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1434 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address    2073 A Clover Ave			Amount 80.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : d196d633-24fc-4a0d-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address    2073 A Clover Ave			Amount 10.20		
City Springdale	State AR	Zip Code 72764	Transaction ID : 2f0bbdb3-8ee8-4c47-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	90.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1435 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 102 S Main Street Apt A2			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Berryville		State VA	Zip Code 22611		Transaction ID : 83be310c-b904-4622-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 261b7974-19cb-4f9d-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">107.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1436 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1025 Cayley Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.00</div>		
City High Point	State NC	Zip Code 27260	Transaction ID : e108441b-3170-4ac7-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    22369 Ponderosa Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : d5fcb812-2272-4e1c-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">82.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1437 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>	
Mailing Address    22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.80</div>	
City    State    Zip Code Mandeville    LA    70471	<b>Transaction ID : c6992729-d127-42c6-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>	
Mailing Address    111 Westchester Blvd Apt D4		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">63.00</div>	
City    State    Zip Code Slidell    LA    70458	<b>Transaction ID : 8a1e3228-360f-450e-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">73.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1438 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>15.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>10f29ee6-4633-40b1-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>7.20</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>a49ca304-5693-4369-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>22.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1439 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 65.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 00d8e048-0fb2-4580-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 20.22	
City Elgin	State SC	Zip Code 29045	Transaction ID : 6ad3d8c1-c6c9-45d2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1440 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>
Mailing Address <b>18065 Wayne Rd</b>		Amount <b>65.00</b>
City <b>Odessa</b>	State <b>FL</b>	Zip Code <b>33556</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>bdbb123c-3266-4c6b-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>
Mailing Address <b>220 Doucet Rd</b>		Amount <b>20.00</b>
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>32b1a6bc-cabb-46b8-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>85.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1441 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">1.32</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 10696e0c-963d-4413-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8dafa9c-e004-4467-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 22 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">61.32</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 205 Medallion Circle		Amount 99.99 Transaction ID : ab0c957d-e005-40b5-b	
City Shreveport	State LA	Zip Code 71119	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
District: 00 State: LA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		554635.78	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 1d44e3aa-e6d8-4fde-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	109.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1443 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Shreveport		State LA	Zip Code 71104		Transaction ID : eb6572fd-56b5-440c-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : a18d5f8a-deca-462c-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">55.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1444 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address 1700 E Part Ave		Amount <b>27.50</b>	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>a204c444-9514-44ed-9</b>
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address 1700 E Part Ave		Amount <b>5.94</b>	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>e94c5179-91e4-4377-8</b>
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>33.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1445 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>14 Ramblewood Drive</b>		Amount <b>30.00</b>	
City <b>Covington</b>	State <b>LA</b>	Zip Code <b>70435</b>	Transaction ID : <b>7b965155-de7a-47bd-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 22 / 2014</b>	
Mailing Address <b>14 Ramblewood Drive</b>		Amount <b>2.85</b>	
City <b>Covington</b>	State <b>LA</b>	Zip Code <b>70435</b>	Transaction ID : <b>6e119d2f-eb30-4e2a-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>32.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1446 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 105daae0-c379-47da-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 ASBURY CT			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : 039c448c-0bfe-4333-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">150.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1447 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>d0effa4d-66a4-4a78-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    100 Asbury CT 3200 Dam Neck Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>a98f464a-5cb0-4ec8-8</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">160.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b575345e-1033-4c83-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">150.00</div> <div style="border-top: 1px dashed black; height: 15px; margin-top: 5px;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px dashed black; height: 15px; margin-top: 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px dashed black; height: 15px; margin-top: 5px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1449 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Marysol Netro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Mailing Address    312 S Gunter St			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : bc918e7b-7fbd-4369-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Marysol Netro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Mailing Address    312 S Gunter St			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 23dc48c0-02ab-41e5-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1450 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.30</div>		
City Raleigh	State NC	Zip Code 27613	<b>Transaction ID : 62f74c13-6fb4-4769-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.90</div>		
City Raleigh	State NC	Zip Code 27613	<b>Transaction ID : 78831ec2-8495-4f7e-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">23.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 4691 Hercules Lane		Amount 80.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : <b>8e26197d-23ec-4958-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>Amount</div> <div>60.00</div> </div>	
City Charolette	State NC	Zip Code 28215	<b>Transaction ID : a808d698-f4e0-44f1-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	140.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1452 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">11.10</span>		
City Charolette		State NC	Zip Code 28215		Transaction ID : 96e2ecc7-3e0d-44a6-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 4db15a47-f062-4185-8
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">66.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1453 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 22 / 2014		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 148cf647-5cec-417b-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 22 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : c3944402-b364-4fd3-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">69.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1454 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 9.60	
City New Orleans	State LA	Zip Code 70131	Transaction ID : b88ace0e-8287-4833-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : deb59892-c54c-42cb-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1455 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7151 Mullins Drive			Amount <span style="border: 1px solid black; padding: 2px;">52.80</span>		
City Saltville	State VA	Zip Code 24370	Transaction ID : 233c23af-a78b-49e0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 101 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Winchester	State VA	Zip Code 22602	Transaction ID : c3a8b9bf-49c7-47df-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">112.80</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 407 randall Dr		Amount <div> <div>MM / DD / YYYY</div> <div>2.10</div> </div>	
City	State	Zip Code	<b>Transaction ID : b944f296-f7b3-42c7-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<div> <div>MM / DD / YYYY</div> <div>292370.62</div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	62.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1457 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>2121 Daniel Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>9eb3d4fb-08ed-4c34-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>2121 Daniel Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">14.40</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>69420eab-0df9-4cc1-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">74.40</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1458 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 37347509-13c4-4d19-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4967 Dysartville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : a2a4ba9d-5eeb-45b0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1459 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">10.50</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : 7618a219-7476-4eda-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Matt Gleb</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3815 Robin Road			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Ayden	State NC	Zip Code 28513	Transaction ID : 8f848325-0694-464a-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">30.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1460 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Matt Gleb</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3815 Robin Road			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Ayden	State NC	Zip Code 28513	Transaction ID : 708c11d4-99c2-4c7e-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2612dcc3-7233-4198-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">39.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1461 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>5510 Dogwood Dr</b>		Amount <b>16.86</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>8a536943-9bfd-40d1-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joanna Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>2134 Tobaccoville Rd</b>		Amount <b>30.00</b>	
City <b>Rural Hall</b>	State <b>NC</b>	Zip Code <b>27045</b>	Transaction ID : <b>97186070-509b-4905-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>46.86</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1462 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>5828 Rena Road</b>			Amount <span style="border:1px solid black; padding:2px;">45.00</span>		
City <b>Hamptonville</b>	State <b>NC</b>	Zip Code <b>27020</b>	Transaction ID : <b>0d44d329-3d95-4a49-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>5828 Rena Road</b>			Amount <span style="border:1px solid black; padding:2px;">11.10</span>		
City <b>Hamptonville</b>	State <b>NC</b>	Zip Code <b>27020</b>	Transaction ID : <b>b5374c3c-8b0f-4579-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">56.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Quentin C Pool</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4091 E Horne Ave		Amount 30.00	
City Farmville	State NC	Zip Code 27828	<b>Transaction ID : 63ea5fc9-7c52-4da0-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 1095959.94 <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	75.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1464 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Quentin C Pool</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>4091 E Horne Ave</b>			Amount <span style="border:1px solid black; padding:2px;">3.51</span>		
City <b>Farmville</b>	State <b>NC</b>	Zip Code <b>27828</b>	Transaction ID : <b>5f09fdee-7453-4152-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>45ec064e-902c-4096-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">43.51</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1465 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>6bce4f29-cf50-4eed-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>105 South Dale St</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>8ce87855-800c-4885-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 44 Bell St		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4be8077c-a27f-412a-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 14 <input type="checkbox"/> Other (specify) ▶
		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">150.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1467 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address <b>44 Bell St</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29.10</div>		
City    State    Zip Code <b>Spruce Pine    NC    28777</b>		Transaction ID : <b>26d9ea4d-dfee-4aae-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address <b>1691 Fork Mtn Rd</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City    State    Zip Code <b>Bakersville    NC    28705</b>		Transaction ID : <b>fcf3de1d-d54f-4539-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">109.10</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1468 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address    1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">29.40</span>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>4012a78f-4f6f-4b86-a</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address    345 Auroura Ave			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>a78835b0-b1b8-46a1-9</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.40</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1469 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address <b>345 Auroura Ave</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.03</div>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>5acd6f83-1cdb-4148-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address <b>407 randall Dr</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>ef823bc9-25ca-4212-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">33.03</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

[Electronically Filed]

Full Name of Payee <b>Stuart T Haley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 600 W Vine Ave		Amount 21.00	
City	State	Zip Code	Transaction ID : 9d1c54f9-8f8f-4495-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	51.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 506 N Horton Street		Amount <div> <div>Amount</div> <div>22.20</div> </div>	
City	State	Zip Code	<b>Transaction ID : 7e04b8ab-e04c-454c-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	72.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1472 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 5d67d2e3-754c-48a4-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">18.30</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7d93977b-afe9-48b7-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Rebecca A Shearer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address 6544 Arno College Grove Rd		Amount 40.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : <b>b098f40c-49bf-4636-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address 308 West Main Street		Amount 70.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : <b>02d7db2d-d02b-43a2-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">13.44</span>		
City    State    Zip Code Pilot Mountain    NC    27041		Transaction ID : <b>9e54bb2e-3bcb-4052-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">61.50</span>		
City    State    Zip Code charlotte    NC    28227		Transaction ID : <b>bed5f0f0-af09-42ec-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.94</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1475 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address Split Oak Drive		Amount 17.10		
City charlotte	State NC	Zip Code 28227	Transaction ID : 10d35d6a-1c9c-43ce-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 250 JS Brewton rd		Amount 50.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 4171823b-7523-4929-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		67.10		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1476 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    250 JS Brewton rd			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">3.60</div>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 86e4147c-baad-4c0a-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    168 Emerald Hill			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">65.00</div>		
City Forest City	State NC	Zip Code 28043	Transaction ID : 06bb3564-824b-4016-9 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">68.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1477 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lauren E Heffington</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>488 Broadwell Dr</b>		Amount <b>30.00</b>	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37220</b>	Transaction ID : <b>f5ef9ae9-ccd8-43a7-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>10112 Piney Creek Ct</b>		Amount <b>20.00</b>	
City <b>Charolette</b>	State <b>NC</b>	Zip Code <b>28215</b>	Transaction ID : <b>889ec84b-96c9-41d8-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 3 Girard St		Amount <div> <div>Amount</div> <div>55.00</div> </div>	
City Ft Smith	State AR	Zip Code 72901	<b>Transaction ID : 1bc146df-3075-4ed6-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	58.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 3 Girard		Amount 50.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : f44a95d2-785a-4f02-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	55.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1480 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>448 Judson Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City    State    Zip Code <b>Wake Forest    NC    27587</b>		Transaction ID : <b>622bf72e-9dfa-4f5b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>448 Judson Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City    State    Zip Code <b>Wake Forest    NC    27587</b>		Transaction ID : <b>dfaf6459-6e62-49d0-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">61.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1481 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>					
Full Name of Payee <b>Barbara A Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Mailing Address 3002 Darden Rd Apt A			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             75.00           </div>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 76149522-8820-4cb6-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y           </div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         1095959.94       </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y           </div>		
Mailing Address 450 Judson Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             50.00           </div>		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 3fd30861-29c7-44a7-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y           </div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         1095959.94       </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         125.00       </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

[Electronically Filed]

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 907 Randall Drive		Amount 30.00	
City	State	Zip Code	Transaction ID : e8361f54-e4f6-4f01-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	36.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>15.90</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>8a4772e5-0dd4-4ebf-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>95.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>fd9bcc70-bf27-4c3f-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>110.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1484 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>1434 South Avenue</b>			Amount <span style="border: 1px solid black; padding: 2px;">19.20</span>		
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>8b78b3be-22fa-40b1-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>502 N Oak St</b>			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>3fdaaa45-9ddf-473c-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1485 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>502 N Oak St</b>		Amount <b>14.40</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>975caa34-79e9-47fa-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Samantha M Dowell</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>8450 Mount Valley Lane Apt 204</b>		Amount <b>12.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27613</b>	Transaction ID : <b>c6077d7e-551f-4935-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>26.40</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1486 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.30</div>		
City Raleigh	State NC	Zip Code 27613	Transaction ID : 8424df6e-b390-458d-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 106 Hillside St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85.00</div>		
City Spindale	State NC	Zip Code 28160	Transaction ID : 2897f3d8-db79-4c8d-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1487 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">41.70</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : d9fbb728-9f3f-4838-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jon Lynch</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    6108 Harkins Ave			Amount <span style="border: 1px solid black; padding: 2px;">42.50</span>		
City Little Rock	State AR	Zip Code 72210	Transaction ID : 6e8f9354-98d4-41db-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">84.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Jon Lynch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 6108 Harkins Ave		Amount 15.60	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 60ed9a78-94dd-46a0-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 5f95447a-5ea5-4368-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1489 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border:1px solid black; padding:2px;">13.50</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 5a16b5c9-3260-48d1-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 44 Bell Street Ext			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 42645d92-3484-4158-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">93.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">29.40</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>744aef27-88c3-4efb-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chelsea M Slattery</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>17 Shenandoah St</b>			Amount <span style="border: 1px solid black; padding: 2px;">22.00</span>		
City <b>Kenner</b>	State <b>LA</b>	Zip Code <b>70065</b>	Transaction ID : <b>91ce7388-f5dc-4f5d-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1491 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Chelsea M Slattery</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>17 Shenandoah St</b>			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City <b>Kenner</b>	State <b>LA</b>	Zip Code <b>70065</b>	Transaction ID : <b>7a4485a3-e99f-43f6-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>4006 Wolkswalk Place</b>			Amount <span style="border: 1px solid black; padding: 2px;">21.50</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27610</b>	Transaction ID : <b>ae01b388-d5ed-43e4-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1492 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address    4006 Wolkswalk Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5.70</div>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : f1ac0772-bc39-4340-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address    8822 Apple St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div>		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 11d90268-9a97-485b-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8822 Apple St			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : <b>bae88360-3797-4d19-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1430 Sunnyside Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Alma		State AR	Zip Code 72921		Transaction ID : <b>82e0154f-94b5-440f-8</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">135.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1430 Sunnyside Rd			Amount <span style="border: 1px solid black; padding: 2px;">11.40</span>		
City Alma		State AR	Zip Code 72921		Transaction ID : e39904e4-4295-46ed-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tammay Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City New Orleans		State LA	Zip Code 70116		Transaction ID : c82eb4f0-e902-4da1-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">91.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Rachel H Young</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address Box #11543 915 E Market Ave		Amount <div> <div></div> <div>40.00</div> </div>	
City	State	Zip Code	<b>Transaction ID : 8803590c-7e4f-4730-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	55.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1496 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Rachel H Young</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
Mailing Address <b>Box #11543 915 E Market Ave</b>		Amount <b>21.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>1719e189-40bd-4468-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
Mailing Address <b>9909 Treasure Hill Rd</b>		Amount <b>20.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>ce2cdacb-a5e5-48aa-b</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>41.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1497 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">4.20</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : e7903880-4277-48ac-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">AR</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 18901a8a-b095-46f3-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">AR</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">84.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1498 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border:1px solid black; padding:2px;">7.38</span>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>c34f784d-e855-4644-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address <b>110 W Pecan St</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>ce39f24f-aa6c-4ded-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">57.38</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1499 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">17.40</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1c644dd6-4b62-48dd-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Natalie M Foutch</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1057 Waldron Road			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City LaVergne	State TN	Zip Code 37086	Transaction ID : 7622a61a-5151-40c1-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1500 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4691 Hercules Lane			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : 2f79e502-6490-4609-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Charity A Carr</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 13827 S E 44th St			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Choctaw		State OK	Zip Code 73020		Transaction ID : 39886c97-aabf-4ee4-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">AR</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">155.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1501 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 23 / 2014</span>		
Mailing Address 804 Roundabout Circle			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : <b>3a6eb48f-cb0c-441f-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 23 / 2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 23 / 2014</span>		
Mailing Address 102 S Main Street Apt A2			Amount <span style="border:1px solid black; padding:2px;">100.00</span>		
City Berryville		State VA	Zip Code 22611		Transaction ID : <b>eee518ab-1d3e-4c50-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 23 / 2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">180.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1502 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Anna C Didier</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>710 S College Rd Apt 84</b>		Amount <b>20.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>a3e890db-16ce-4c5a-a</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Anna C Didier</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>710 S College Rd Apt 84</b>		Amount <b>22.50</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>68f58e51-2191-42fd-a</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>42.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1503 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City    State    Zip Code <b>Lexington    NC    27295</b>		Transaction ID : <b>290d3a5b-2af7-4845-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>200 Carawood Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City    State    Zip Code <b>Lexington    NC    27295</b>		Transaction ID : <b>29b32705-57f8-41c5-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 3205 Pebble Beach Rd		Amount <div> <div></div> <div>38.70</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 02106bbf-f493-4a53-8</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	56.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



Full Name of Payee Kristian A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 121 Blueberry Fields		Amount 10.00	
City Maple Hill	State NC	Zip Code 28454	Transaction ID : b8ae3ed9-c0c9-4f53-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	12.58
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kristian A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 121 Blueberry Fields			Amount 3.00		
City Maple Hill	State NC	Zip Code 28454	Transaction ID : 47d0f91f-7d2e-4572-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3a5fcc84-c20e-49ed-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	83.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1507 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">33.00</span>		
City Shreveport		State LA	Zip Code 71104		Transaction ID : <b>0d15a494-e537-4d90-b</b>
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 180 McNeil Steep Hollow Rd			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City Carriere		State MS	Zip Code 39426		Transaction ID : <b>e1ad9c37-8c05-4c2c-8</b>
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1508 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    180 McNeil Steep Hollow Rd			Amount <span style="border: 1px solid black; padding: 2px;">12.60</span>		
City Carriere	State MS	Zip Code 39426	Transaction ID : 325f241d-d640-4cd9-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 53491936-8b01-480d-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">72.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1509 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">18.60</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>462ef508-6234-4e19-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sandra L Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Conway	State AR	Zip Code 72032	Transaction ID : <b>ad5ba72e-1b39-4ec5-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>10.80</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : e0d3778e-e547-4afc-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>292370.62</div> </div>		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	50.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 220 Doucet Rd		Amount <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 84efcba5-9f45-4431-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	31.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1512 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 101 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : dce80f8f-731c-47e7-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Odessa		State FL	Zip Code 33556		Transaction ID : b8603200-5d42-4f4f-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">155.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1513 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address 1436 Haigs Creek Dr		Amount <b>65.00</b>	
City Elgin	State SC	Zip Code 29045	Transaction ID : f84696a9-c63f-47cf-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address 1436 Haigs Creek Dr		Amount <b>25.95</b>	
City Elgin	State SC	Zip Code 29045	Transaction ID : c2d54c8b-9c21-4b34-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>90.95</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1514 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 3654 Tara St		Amount 55.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 8d8d9f14-2a2c-4887-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 3654 Tara St		Amount 43.50		
City springdale	State AR	Zip Code 72762	Transaction ID : f8b650ce-6974-4877-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		98.50		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 282 Falls Ave		Amount \$ 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : d93c2239-2367-458b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 282 Falls Ave		Amount 15.30	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 00b4a830-1dc9-467c-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	45.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address P.O. Box 712		Amount 70.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : eda5e6fd-79f8-43c2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">110.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 7151 Mullins Drive		Amount 80.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 2c5b5739-cd95-4032-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	98.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1518 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>49.80</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>8d9fcb50-9865-4e10-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			
Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
Mailing Address <b>147 Possum Trot Rd</b>		Amount <b>70.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>9e63b5f3-9903-4619-8</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>119.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1519 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2014		
Mailing Address 147 Possum Trot Rd			Amount <span style="border: 1px solid black; padding: 2px;">21.60</span>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 171e61c2-6f96-491e-8		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4391bb2d-8334-496f-8		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">81.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1520 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border:1px solid black; padding:2px;">11.70</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 03c88c20-c2ac-4042-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 307 Farris Rd Apt 1			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 553f14cd-c538-4521-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">36.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1521 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>Adam Rock</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>	
Mailing Address <b>307 Farris Rd Apt 1</b>		Amount <span style="border:1px solid black; padding:2px;">3.60</span>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>65be7282-2fef-4b23-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Stephanie L Heun</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>	
Mailing Address <b>8026 S Wilwood Dr Apt 101</b>		Amount <span style="border:1px solid black; padding:2px;">40.00</span>	
City <b>Oak Creek</b>	State <b>WI</b>	Zip Code <b>53154</b>	Transaction ID : <b>a44aebd3-850b-437b-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 23 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">43.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1522 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d8fefcd0-c9bb-4fc5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 3007 Darden Rd		Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 49e7fa05-589e-4ce5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1523 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border:1px solid black; padding:2px;">90.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 251d938d-1121-4b24-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    6101 NORA ST			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 55fb545c-390e-40c7-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1524 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address 2090 Fancy Gap Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : ec2594cd-dc83-42a4-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address 2090 Fancy Gap Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.64</div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 5aed2537-bc64-4143-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.64</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1525 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2565 Shire Circle			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 18851a04-af24-4d86-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border:1px solid black; padding:2px;">35.00</span>		
City Sterling	State VA	Zip Code 20165	Transaction ID : 4c91ebd6-98ee-4947-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">65.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1526 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>71.00</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>da133128-6a39-422a-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>21.75</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>09623717-b5c8-4ac6-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>92.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1527 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2121 Daniel Dr			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 2d2a16a3-af1f-4e59-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2121 Daniel Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.40</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : ab0a7ade-74f5-4ada-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">130.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1528 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>b48bfec-6576-4605-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Mailing Address    300 Evangeline St			Amount <span style="border: 1px solid black; padding: 2px;">2.40</span>		
City Monroe	State LA	Zip Code 71201	Transaction ID : <b>c3e979ab-4a28-4f94-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 23 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">22.40</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1529 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0dad590b-addb-4bb5-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">6.90</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5e30f57c-1b15-4819-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">86.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.20	
City High Point	State NC	Zip Code 27260	Transaction ID : 90042218-2bda-4318-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	73.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1531 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>70.00</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>a22a1ea4-3fe6-472d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>12.90</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>a19666d5-e038-43ba-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 23 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>82.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4902 Catawba Dr		Amount 11.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d5780401-0015-43f8-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	46.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 35.00	
City	State	Zip Code	Transaction ID : 8aa9eafa-4c74-46ef-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div>Amount</div> <div>19.71</div> </div>	
City	State	Zip Code	<b>Transaction ID : a6757eb0-57af-4f03-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	54.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1534 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Michael A Toomey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Monroe		State LA	Zip Code 71212		Transaction ID : 7db371c2-e44c-49d8-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Michael A Toomey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>		
City Monroe		State LA	Zip Code 71212		Transaction ID : a1e2c1cf-fa6f-49a3-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1535 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 3a70e1ae-54fe-4658-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 294ba7fd-614f-4032-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1536 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address    2357 Fancy Cap Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.64</div>	
City    State    Zip Code Mt. Airy    NC    27030	<b>Transaction ID : fa03a65e-9d44-450a-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address    5521 Randolph St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City    State    Zip Code Marrero    LA    70072	<b>Transaction ID : 9f1decec-8a7f-4a72-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.64</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1537 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Windy Hageman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5521 Randolph St.			Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : bcbf9be1-fd0a-4c4a-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 ASBURY CT			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : b8c40af5-9c9a-4bf0-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1538 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 312 S Gunter St		Amount 30.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 140e9b01-67a5-4137-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 312 S Gunter St		Amount 3.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : b9c0ba90-4319-4352-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		33.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee <b>Rodney O Culbreath</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div> <div>80.00</div> </div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 15eadbc7-364a-4ede-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	150.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1540 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 1c51246f-af7b-4989-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : e66cc309-1626-4f67-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 1700 E Part Ave		Amount <div> <div>Amount</div> <div>26.49</div> </div>	
City	State	Zip Code	<b>Transaction ID : 2d230867-44cd-44d6-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
292370.62			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	61.99
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 40.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0ca2469e-dd4f-4359-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kirsten E McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 3.90	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : fbaf6778-f5f9-421c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	43.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1543 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 7019c875-4987-45f3-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Earl Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9455 Snow Camp Road			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 81a0ce55-d573-4f0a-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1544 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 30.00	
City Marrero	State LA	Zip Code 70072	<b>Transaction ID : 4f52da37-5290-4a62-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 5.10	
City Marrero	State LA	Zip Code 70072	<b>Transaction ID : 30d7a7e4-a74e-4577-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	35.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1900 Glen West Way		Amount 11.70	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : e8fa41be-0114-4e36-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	51.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1546 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 804 Roundabout Circle			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : b169d469-b209-4c0e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 2319 West Oak			Amount 30.00		
City El Dorado	State AR	Zip Code 71730	Transaction ID : 4f112fca-0456-44e9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1547 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    2319 West Oak			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">15.15</div>		
City El Dorado		State AR	Zip Code 71730		<b>Transaction ID : e438cc3a-662c-4af3-8</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    5510 Dogwood Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">31.50</div>		
City Winston Salem		State NC	Zip Code 27105		<b>Transaction ID : 8df6a7fe-a47c-4f1c-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">46.65</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1548 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 5510 Dogwood Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : a2d5cd37-79f7-4705-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address Split Oak Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City charlotte		State NC	Zip Code 28227		Transaction ID : bbce3eaf-6513-4753-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">38.15</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1549 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">12.60</span>		
City charlotte	State NC	Zip Code 28227	Transaction ID : a49641a2-e597-42ff-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount <span style="border: 1px solid black; padding: 2px;">31.50</span>		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : c7a8f4a1-5419-4d71-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">44.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1550 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>5003 Allison Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Ft. Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>da358e90-fb9d-443b-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>5003 Allison Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.50</span>		
City <b>Ft. Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>3237d8ef-9bef-47ff-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1551 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address <b>525-K East Market Street 114</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">402.65</div>		
City <b>Leesburg</b>		State <b>VA</b>	Zip Code <b>20176</b>		Transaction ID : <b>2b18680d-a156-4217-b</b>
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25.00</div>		
City <b>Charlotte</b>		State <b>NC</b>	Zip Code <b>23215</b>		Transaction ID : <b>2474ae0d-5078-4e5c-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">427.65</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1552 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1d03217e-5444-428e-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paramount</b> Originally reported as \$5.52, corrected with filing			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Mailing Address 525-K East Market Street 114			Amount <span style="border: 1px solid black; padding: 2px;">5.51</span>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : e92f63bb-a6c7-4b83-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 24 / 2014		
Purpose of Expenditure Blast Emails		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">10.91</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		
[Electronically Filed]					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1553 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 525-K East Market Street 114			Amount <span style="border: 1px solid black; padding: 2px;">403.06</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : <b>b9b92861-0cb3-41ee-9</b>
Purpose of Expenditure Blast Emails		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paramount</b> Originally reported as \$5.52			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 525-K East Market Street 114			Amount <span style="border: 1px solid black; padding: 2px;">57.75</span>		
City Leesburg		State VA	Zip Code 20176		Transaction ID : <b>0baa1f50-62e2-41c9-8</b>
Purpose of Expenditure Blast Emails		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">460.81</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1554 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 5828 Rena Road			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 3629930a-113c-4710-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 5828 Rena Road			Amount <span style="border: 1px solid black; padding: 2px;">9.90</span>		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 1dd24d76-84a5-47e5-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1555 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>55.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>325b6151-c62f-4bf0-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>20.10</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>20c36694-adc8-47e6-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>75.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>3 Girard St</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Ft Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		Transaction ID : <b>79f8929c-55ce-4889-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Shreveport</b>		State <b>LA</b>	Zip Code <b>71106</b>		Transaction ID : <b>3d9e3546-ebc5-4520-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 50.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : d02e03d8-aa24-4c0d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; text-align: right;">53.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1558 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>1691 Fork Mtn Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">24.90</span>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>e9097bc9-cc6-432b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>8026 S Wilwood Dr Apt 101</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Oak Creek</b>	State <b>WI</b>	Zip Code <b>53154</b>	Transaction ID : <b>327e1849-c061-431f-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 45.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 483776e1-688a-41a6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		135.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1560 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>25c8881c-4fb7-4414-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lauren E Heffington</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>488 Broadwell Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37220</b>	Transaction ID : <b>b495b45b-0908-4bda-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">35.40</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1561 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Full Name of Payee <b>Lauren E Heffington</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 24 / 2014</b>	
Mailing Address <b>488 Broadwell Dr</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>2.46</b>	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37220</b>	<b>Transaction ID : 7e95ff91-a514-43ce-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 24 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> <b>002</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 24 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>60.00</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	<b>Transaction ID : f526c40d-4868-4d73-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 24 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> <b>001</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>62.46</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1562 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <b>11.40</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	Transaction ID : <b>768e6677-a103-4e54-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>	
Mailing Address <b>44 Bell St</b>		Amount <b>50.00</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>8da794dc-cb3d-498f-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>61.40</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M / D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1563 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>44 Bell St</b>			Amount <span style="border: 1px solid black; padding: 2px;">24.90</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>9c0b68e6-3198-4b96-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>f62a3732-008e-44b2-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1564 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border: 1px solid black; padding: 2px;">24.90</span>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>f2a55784-76cc-4bcd-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Floyd W Ferren</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>909 Holmes Rd Apt 143</b>			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>2e0e7dc9-78a7-43e2-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">49.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1565 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>ace220d2-d859-4629-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>345 Auroura Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">2.82</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>	Transaction ID : <b>d22a10dc-1f21-48e1-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">77.82</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1566 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Rachel L Anzalone</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 2319 West Oak			Amount <span style="border:1px solid black; padding:2px;">99999999</span> <b>30.00</b>		
City El Dorado		State AR	Zip Code 71730		<b>Transaction ID : 51cc223e-46b6-48d9-a</b>
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">99999999</span> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sharon t Craig</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 1410 Bushville Dr			Amount <span style="border:1px solid black; padding:2px;">99999999</span> <b>40.00</b>		
City Lenoir		State NC	Zip Code 28645		<b>Transaction ID : 1a46b67d-56ef-4988-9</b>
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">99999999</span> <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">99999999</span> <b>70.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;">99999999</span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">99999999</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 112 apache Dr			Amount 40.00		
City	State	Zip Code	Transaction ID : 4e89930d-408c-4b16-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Search	AR	72149			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	52.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 180 McNeil Steep Hollow Rd		Amount <div> <div>Amount</div> <div>47.50</div> </div>	
City Carriere	State MS	Zip Code 39426	Transaction ID : <b>ce57d689-f1b5-459a-a</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Year-To-Date</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	54.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1569 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Jennifer F Gilbert</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address    180 McNeil Steep Hollow Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15.90</div>		
City Carriere		State MS	Zip Code 39426		Transaction ID : 6d506c0d-25de-4caa-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address    3300 Asher Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">65.00</div>		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 96de4e8c-b755-4af7-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1570 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3300 Asher Ave			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 2acfdab7-a63b-4751-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">71.40</span>		
City Lexington		State NC	Zip Code 27295		Transaction ID : ec789412-fb8a-4fb0-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1571 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Mailing Address <b>272 Westgate Ct Apt 6</b>		Amount <span style="border:1px solid black; padding:2px;">19.50</span>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>6bb31672-49fd-4205-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Mailing Address <b>200 Carawood Lane</b>		Amount <span style="border:1px solid black; padding:2px;">71.40</span>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>94e733c2-640e-46d6-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">90.90</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1572 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>b1f75a73-a8f8-48ef-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : <b>a5f3a54e-4d84-4d26-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">19.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1573 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">45.99</span>		
City Spindale		State NC	Zip Code 28160		Transaction ID : 6dcf2f20-81d2-499b-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lindsey N Rose</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014		
Mailing Address 615 Live Oak Dr			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City searcy		State AR	Zip Code 72143		Transaction ID : 49d2a948-3df2-4eec-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.99</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 615 Live Oak Dr		Amount 8.01	
City searcy	State AR	Zip Code 72143	Transaction ID : 56889746-3fec-4ab6-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Stuart T Haley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 600 W Vine Ave		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>dbc67cac-4788-4cb2-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.01
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1575 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>	
Mailing Address    407 randall Dr			Amount <span style="border:1px solid black; padding:2px;">99999999</span> <b>50.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>f1d6260b-54d2-403d-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">99999999</span> <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>	
Mailing Address    102 S Main Street Apt A2			Amount <span style="border:1px solid black; padding:2px;">99999999</span> <b>80.00</b>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>0821607e-4421-402e-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 24 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">99999999</span> <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span> <b>130.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1576 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">48.70</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 77cde9e9-5ab2-40c1-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">4.59</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 86be71ff-4ac3-4e12-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">53.29</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1577 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014		
Mailing Address    907 Randall Drive			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : e1749e8a-007c-460d-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014		
Mailing Address    907 Randall Drive			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : ea6b9f25-0386-4fbc-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee <b>Caleb A Smith</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 2646 N Valencia		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Fayetteville	State AR	Zip Code 72703	<b>Transaction ID : 3bef219f-360f-4c14-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	120.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1579 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Caleb A Smith</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>	
Mailing Address <b>2646 N Valencia</b>		Amount <b>7.80</b>	
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72703</b>	Transaction ID : <b>65344058-e330-4966-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <b>25.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>3454b35c-15bd-4d03-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>32.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1580 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address    220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.02</div>		
City    State    Zip Code Lafayette    LA    70503		Transaction ID : <b>cde74d1c-b0ec-4181-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address    101 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>		
City    State    Zip Code Winchester    VA    22602		Transaction ID : <b>16793340-3ca9-43a0-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">91.02</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date    <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address 2121 Daniel Dr		Amount <b>40.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>9309e873-5891-4893-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address 2121 Daniel Dr		Amount <b>36.06</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>9c72ae11-f9d7-41b1-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>76.06</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1582 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>4967 Dysartville</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>611d1929-17c0-4764-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>4967 Dysartville</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>34c5a034-8793-4d64-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">86.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1583 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 7156544c-34fa-4fd8-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport		State LA	Zip Code 71104		Transaction ID : e9cdc87d-5b0c-426f-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1584 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>2506 Bolch Street</b>		Amount <b>39.00</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71104</b>	Transaction ID : <b>c7b67146-331b-4c55-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <b>80.00</b>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>af476338-1f7f-4c49-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>119.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address    205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.80</div>		
City    State    Zip Code Shreveport    LA    71119		Transaction ID : 73a2a43e-392e-4417-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type    002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address    6412 Osage Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City    State    Zip Code North Little rock    AR    72116		Transaction ID : 96bf9bc4-369f-4c80-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>			
Purpose of Expenditure Salary		Category/Type    001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">76.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1586 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 24 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>10.14</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	<b>Transaction ID : d9f37a7d-7c4b-4438-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 24 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>002</b></div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Courtney Goldstein</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 24 / 2014</b>	
Mailing Address <b>1809 N Woodlawn</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>65.00</b>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	<b>Transaction ID : 17caedbd-cdf2-4da0-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 24 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>001</b></div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>75.14</b>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>05 / 18 / 2015</b>	
<i>[Electronically Filed]</i>			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Courtney Goldstein</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1809 N Woodlawn			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City    State    Zip Code Metairie    LA    70001		Transaction ID : 8ecaf09e-550b-4983-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    502 N Oak St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City    State    Zip Code Little Rock    AR    72205		Transaction ID : aba1fc8a-4a7f-4421-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address 502 N Oak St		Amount 10.20	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 61a9d565-cfe3-4e86-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address 502 N Oak St		Amount 25.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 207038f9-9e09-4344-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1589 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 502 N Oak St		Amount 5.40	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4d4eaab2-f283-40e2-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 40.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : bc964592-5dcd-4739-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1590 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">6.24</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>4b066c08-f5af-4db8-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Connor E Erwin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    221 Baridon St			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : <b>c7c446d6-7087-4ddf-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.24</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1591 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Connor E Erwin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 221 Baridon St			Amount <span style="border: 1px solid black; padding: 2px;">8.40</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 3da63cc5-95b4-4dda-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 6634bdd9-079e-4fe6-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1592 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">18.90</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : 0ac6658f-6d02-4d00-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jerome M Weil</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 101 Durham Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City State Zip Code Lafayette LA 70508		Transaction ID : ec5e255f-6536-45cc-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



Full Name of Payee <b>Jerome M Weil</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 101 Durham Drive		Amount <div> <div>MM / DD / YYYY</div> <div>6.60</div> </div>	
City Lafayette	State LA	Zip Code 70508	<b>Transaction ID : 8da41f61-037b-40da-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div> <div>Amount</div> <div>60.00</div> </div>	
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : a3362d74-c36b-44d4-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	66.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1594 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>		
Mailing Address 22369 Ponderosa Dr.			Amount 6.90		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5d588bcf-fc61-407b-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>		
Mailing Address 282 Falls Ave			Amount 40.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 4b996d6b-4f6e-4293-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			46.90		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 05 / 18 / 2015		
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1595 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    282 Falls Ave			Amount <span style="border:1px solid black; padding:2px;">26.70</span>		
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>	Transaction ID : <b>498403c1-29f1-4145-8</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    250 JS Brewton rd			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City <b>goldonna</b>	State <b>LA</b>	Zip Code <b>71031</b>	Transaction ID : <b>b9a4ede0-e258-4d3f-b</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">76.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1596 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 3b4a35ae-5a29-4f6b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0a3c9a91-0f6b-4eee-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1597 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>9909 Treasure Hill Rd</b>		Amount <b>7.50</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>966425ba-feaa-4e78-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>1700 E Part Ave</b>		Amount <b>32.50</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>23d15846-898b-41f1-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>40.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1598 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">22.11</span>		
City State Zip Code Searcy AR 72149		Transaction ID : a55099ea-78c8-4aab-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 307 Farris Rd Apt 1			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City State Zip Code Conway AR 72034		Transaction ID : a96d76e3-2f66-44fd-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.11</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 105 South Dale St		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : 456c29aa-0d60-469c-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	44.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1600 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 61e83da4-a155-4320-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 34d6ef66-a394-4dd9-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">80.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1601 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            . . . . .         </div>		

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Mailing Address    2320 Saint Nick Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 70.00         </div>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : <b>ce35edac-2ed8-405e-9</b>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 554635.78         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Mailing Address    2320 Saint Nick Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 16.80         </div>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : <b>3380d00a-0bb4-4917-9</b>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           . . . . . 554635.78         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           . . . . . 86.80         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           . . . . .         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           . . . . .         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1602 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 50.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : b081d463-cc7a-4c9e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 25.80		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 308d9e54-7022-4d58-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1603 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 50.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : ad3796e2-951c-4cb2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 18.72	
City Elgin	State SC	Zip Code 29045	Transaction ID : d0575ab4-65ad-4e30-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	68.72
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1604 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kaleigh J Wagner</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Mailing Address    18065 Wayne Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Odessa	State FL	Zip Code 33556	<b>Transaction ID : ca0f98db-46a4-4ea3-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amelia Brackett</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Mailing Address    804 Roundabout Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 9e617b6f-ee12-4908-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1605 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 50.00	
City Conway	State AR	Zip Code 72032	Transaction ID : c56310ba-9c84-4779-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 4.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 0cddd459-bc60-4128-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	54.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 252c1591-04cd-4d5c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		128.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1607 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 1025 Cayley Ct			Amount 115.00		
City State Zip Code High Point NC 27260		Transaction ID : 421dfe73-e5a0-4245-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 1025 Cayley Ct			Amount 19.50		
City State Zip Code High Point NC 27260		Transaction ID : aa989f84-8ec0-4b9d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1608 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City College Grove	State TN	Zip Code 37046	Transaction ID : 5da586e4-b43b-4ec5-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 506 N Horton Street			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0662dd93-ae0e-4ef5-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">60.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1609 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : d6e17c37-fb5f-462f-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">115.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f25be529-8489-4c48-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">125.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1610 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">19.80</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 94156f41-071e-48af-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address P.O. Box 712			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Alexander		State AR	Zip Code 72002		Transaction ID : af02fd4d-ed68-4fbe-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">94.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Amber N Robbins		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1074 A Cottrell Hill Rd Apt A		Amount 25.00	
City Lenior	State NC	Zip Code 28645	Transaction ID : af40f3d8-3758-480b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	50.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1612 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Amber N Robbins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1074 A Cottrell Hill Rd Apt A			Amount <span style="border: 1px solid black; padding: 2px;">6.30</span>		
City    State    Zip Code Lenior    NC    28645		Transaction ID : 1c0d58ff-0e20-4644-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City    State    Zip Code METAIRIE    LA    70003		Transaction ID : 9f61179c-33ed-4f35-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">76.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1613 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1434 South Avenue</b>			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City <b>Eden</b>		State <b>NC</b>	Zip Code <b>27288</b>		Transaction ID : <b>46383363-81da-4527-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1434 South Avenue</b>			Amount <span style="border: 1px solid black; padding: 2px;">18.60</span>		
City <b>Eden</b>		State <b>NC</b>	Zip Code <b>27288</b>		Transaction ID : <b>a47a5844-e0ed-4155-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">118.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1614 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Sterling		State VA	Zip Code 20165		Transaction ID : 0ee5bfcf-dccc-4fa9-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jon Lynch</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6108 Harkins Ave			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 6b904375-5e76-45da-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">72.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1615 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Mailing Address 6108 Harkins Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           27.60         </div>	
City Little Rock	State AR	Zip Code 72210	<b>Transaction ID : 2020a09e-8669-4135-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kirsten E McKinney</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>	
Mailing Address 1419 S Highbush Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           25.00         </div>	
City Fayetteville	State AR	Zip Code 72701	<b>Transaction ID : a56f4340-8c77-45bc-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 24 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         52.60       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         52.60       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 7.20	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : b8c672b3-08aa-430c-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 300 Evangeline St		Amount 30.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 20cab04-bea7-4cd3-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	37.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

05 / 18 / 2015



Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 40.00	
City	State	Zip Code	Transaction ID : 378408d5-4a89-49af-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Searchy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	➤	43.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	➤	
(c) <b>TOTAL</b> Independent Expenditures.....	➤	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">17.28</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>9921ce13-3381-48a0-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address 202 East Park Ave Apt 40			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>b9f570cc-2352-4715-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.28</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1619 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin K Cunningham</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Mailing Address <b>3502 S 66th St Apt 47</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72903</b>	<b>Transaction ID : 65aa613b-e80c-4406-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Benjamin K Cunningham</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Mailing Address <b>3502 S 66th St Apt 47</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72903</b>	<b>Transaction ID : 90560ace-26df-4fea-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">38.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1620 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 24 / 2014</span>	
Mailing Address    1103 West Wilson Street			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3fc3dbb1-cd61-45ff-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 24 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 24 / 2014</span>	
Mailing Address    1103 West Wilson Street			Amount <span style="border:1px solid black; padding:2px;">18.60</span>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cf2fb620-f749-4a34-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 24 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">68.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1621 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Destiny S Philpott</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>3502 S 66th St Apt 47</b>			Amount <span style="border:1px solid black; padding:2px;">35.00</span>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72903</b>		Transaction ID : <b>f7d8982e-dffd-4164-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>2357 Fancy Cap Rd</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>Mt. Airy</b>		State <b>NC</b>	Zip Code <b>27030</b>		Transaction ID : <b>2e302cc7-30f7-40be-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">115.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1622 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">17.49</span>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : cf3ef3bf-2be0-42b9-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 1cbfd021-7e16-4d0b-8
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">107.49</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1efb2885-fd0f-4e80-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	103.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1624 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Hannah J Landry</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    1110 N Coolidge			Amount <span style="border:1px solid black; padding:2px;">27.50</span>		
City <b>Gonzales</b>	State <b>LA</b>	Zip Code <b>70737</b>	Transaction ID : <b>bac925f8-00ed-4c11-a</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hannah J Landry</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    1110 N Coolidge			Amount <span style="border:1px solid black; padding:2px;">4.92</span>		
City <b>Gonzales</b>	State <b>LA</b>	Zip Code <b>70737</b>	Transaction ID : <b>7f9d355d-3f90-4ffe-8</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">32.42</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1625 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>100 Asbury Ct</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>Winchester</b> State <b>VA</b> Zip Code <b>22602</b>		Transaction ID : <b>fa3863c3-6448-459e-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address <b>100 ASBURY CT</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>WINCHESTER</b> State <b>VA</b> Zip Code <b>22602</b>		Transaction ID : <b>cac861cf-35a4-4cde-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1626 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">80.00</div>		
City Winchester		State VA	Zip Code 22602		<b>Transaction ID : 5f3abf80-ea45-47e4-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">80.00</div>		
City Winchester		State VA	Zip Code 22602		<b>Transaction ID : 040af4bf-58ca-40d7-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">160.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1627 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		<b>Transaction ID : 91879b54-499e-4a5d-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		<b>Transaction ID : 0bad14a2-62dd-4964-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">160.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;"></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div><div style="width: 20%;"></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1628 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 24 / 2014         </div>		
Mailing Address 629 Radiance Ave			Amount <div style="border: 1px solid black; padding: 2px;">           75.00         </div>		
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 0d3678a6-77c3-41b9-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 24 / 2014         </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">           001         </div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           554635.78         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 24 / 2014         </div>		
Mailing Address 629 Radiance Ave			Amount <div style="border: 1px solid black; padding: 2px;">           6.00         </div>		
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : a2f011de-a6f8-408a-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 24 / 2014         </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">           002         </div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           554635.78         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">           81.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">             0.00           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             81.00           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1629 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>d535b20e-c883-454a-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>55280099-dc92-4827-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">92.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1630 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>7 Bards Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>		
City <b>Fletcher</b>	State <b>NC</b>	Zip Code <b>28732</b>	Transaction ID : <b>da43ffb3-84c7-4c12-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>7 Bards Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">19.80</span>		
City <b>Fletcher</b>	State <b>NC</b>	Zip Code <b>28732</b>	Transaction ID : <b>f697a23d-4b32-492c-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">124.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1631 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address 300 Evangeline St		Amount <b>30.00</b>	
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	Transaction ID : <b>57010220-2d94-459d-a</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address 300 Evangeline St		Amount <b>3.60</b>	
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	Transaction ID : <b>4956c9aa-1818-4d29-8</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>33.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1632 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    905 Lake Drive			Amount <span style="border: 1px solid black; padding: 2px;">63.00</span>		
City    State    Zip Code Shelby    NC    28152		Transaction ID : <b>3b15b9b0-1fc1-44f4-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address    905 Lake Drive			Amount <span style="border: 1px solid black; padding: 2px;">17.85</span>		
City    State    Zip Code Shelby    NC    28152		Transaction ID : <b>8c7d2ecf-1da6-4bac-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 24 / 2014</b>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">80.85</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1633 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Mailing Address <b>2565 Shire Circle</b>			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>3ece2e3a-c49c-45f4-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>1900 Glen West Way</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72916</b>	Transaction ID : <b>e44aef49-283a-42f5-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">70.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>James A Sears</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 305 Averroe Dr		Amount <div> <div>MM / DD / YYYY</div> <div>30.00</div> </div>	
City Apex	State NC	Zip Code 27502	<b>Transaction ID : c9422cba-cf68-43ae-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Dominic Vosloh</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 64568 Hwy 41		Amount <div> <div>Amount</div> <div>25.00</div> </div>	
City Pearl River	State LA	Zip Code 70452	<b>Transaction ID : 04d99fac-03e1-4067-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	55.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1635 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>		
Mailing Address <b>6424 Purple Martin Ct</b>			Amount <b>25.00</b>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>b392759f-e859-43f3-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>		
Mailing Address <b>6424 Purple Martin Ct</b>			Amount <b>17.67</b>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>a6778437-cbda-49c2-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>42.67</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1636 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address <b>4967 Dysartville</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>2b87d1d1-b9a5-4f6b-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address <b>4967 Dysartville Rd</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>eb4508b0-5f95-4872-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">160.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1637 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : a5fd5954-8ff3-42ea-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1010 S Dogwood Drive			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : 98566a1e-5197-4838-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <span style="border: 1px solid black; padding: 2px;">00</span> <input type="checkbox"/> President    State: <span style="border: 1px solid black; padding: 2px;">LA</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1638 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>1010 S Dogwood Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>a9270248-2c7c-4245-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>5510 Dogwood Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>c091ca41-56b6-4987-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.80</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>		
Mailing Address 2134 Tobaccoville Rd			Amount <div> <div></div> <div>30.00</div> </div>		
City Rural Hall	State NC	Zip Code 27045	<b>Transaction ID : 17b66aab-aa1e-4807-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	46.14
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1640 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Victoria A Gray</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address    2173 Spokane Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 9f24c527-b4ee-4926-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Victoria A Gray</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address    2173 Spokane Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 6823630b-36a7-4f66-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">69.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1641 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 0130f09d-4bfa-436b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 31d607e0-e196-4dad-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">140.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1642 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City Spindale		State NC	Zip Code 28160		Transaction ID : 3fa1f2bc-24b5-4b6b-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5827 Brighton Pl			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 1f98ded8-0c64-4548-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Regina R Mouton</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address <b>5827 Brighton Pl</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.00</div>		
City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70131</b>		Transaction ID : <b>4df340e1-407b-4263-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Caleb A Rowan</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address <b>14619 Brown Bear Dr P.O. Box 7481</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City <b>Little Rock</b>		State <b>AR</b>	Zip Code <b>72223</b>		Transaction ID : <b>c6bb4b0f-45bf-4f2d-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">33.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1644 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>		
Mailing Address 5330 Nestleway Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           7.50         </div>		
City Clemmons	State NC	Zip Code 27012	<b>Transaction ID : d47202a0-01fd-41e4-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">           001         </div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1095959.94         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>		
Mailing Address 5330 Nestleway Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           3.15         </div>		
City Clemmons	State NC	Zip Code 27012	<b>Transaction ID : d3c550ef-3895-4900-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 25 / 2014         </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">           002         </div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1095959.94         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           10.65         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             0.00           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             10.65           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1645 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Riley J Randolph</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>1701 N Lewis Ave Apt 10</b>			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72703</b>	Transaction ID : <b>fc64ee06-9675-4700-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Riley J Randolph</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>1701 N Lewis Ave Apt 10</b>			Amount <span style="border: 1px solid black; padding: 2px;">1.80</span>		
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72703</b>	Transaction ID : <b>cec75087-604d-49ad-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1646 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2661bd17-4577-43b5-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border: 1px solid black; padding: 2px;">10.20</span>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 55b85364-ee72-4f80-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1647 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Krystal A Wilson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>			Amount <span style="border:1px solid black; padding:2px;">40.00</span>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>ba8d8e4d-33e0-4433-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>e2fdd797-945e-4d7d-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">90.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1648 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">12.60</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 7354751d-3893-4637-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Clay A McCreary</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1762 Orchard Drive			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 4aad2219-f47b-4f8f-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">42.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1649 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Clay A McCreary</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>1762 Orchard Drive</b>		Amount <b>10.80</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>962d4101-ad1f-4d1e-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Devan J McNeil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>2521 Corolla Hills Dr</b>		Amount <b>15.00</b>	
City <b>Lenoir</b>	State <b>NC</b>	Zip Code <b>28645</b>	Transaction ID : <b>5689eb37-e3bc-4ec4-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>25.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1650 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Devan J McNeil</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2521 Corolla Hills Dr			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 2c77fb36-28d2-4598-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amber N Robbins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1074 A Cottrell Hill Rd Apt A			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Lenior	State NC	Zip Code 28645	Transaction ID : f1b22a97-05a7-413e-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">20.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1651 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Mark McNair</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address    11 Cooper Lane			Amount <span style="border: 1px solid black; padding: 2px;">63.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : <b>2b89b160-5df3-471b-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mark McNair</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address    11 Cooper Lane			Amount <span style="border: 1px solid black; padding: 2px;">11.73</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : <b>80af1605-8ada-4aff-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.73</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1652 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address    1691 Fork Mtn Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Bakersville	State NC	Zip Code 28705	<b>Transaction ID : a8828268-74bc-4cd5-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address    1691 Fork Mtn Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.80</div>	
City Bakersville	State NC	Zip Code 28705	<b>Transaction ID : f9b13120-0e0a-428f-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">98.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1653 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Aaron L Griffin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>4830 Westin Park Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>595c09c4-ad63-44c9-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Aaron L Griffin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>4830 Westin Park Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>f1041cc4-8133-4845-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">28.30</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1654 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6 Sherwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 39216bf9-e1d9-472b-9		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6 Sherwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 54b3907e-24d3-40ad-8		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">28.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1655 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>450 Judson Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>a38d6330-8f28-4cde-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>450 Judson Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.90</span>		
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>3792f149-685d-4ab1-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.90</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 44 Bell Street Ext		Amount 29.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f4adcba5-0421-4062-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	99.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1657 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>168 Emerald Hill</b>		Amount <b>65.00</b>	
City <b>Forest City</b>	State <b>NC</b>	Zip Code <b>28043</b>	Transaction ID : <b>c3f14817-34c9-444d-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chad E Day</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>168 Emerald Hill</b>		Amount <b>39.15</b>	
City <b>Forest City</b>	State <b>NC</b>	Zip Code <b>28043</b>	Transaction ID : <b>0f3b28be-fe60-4f51-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>104.15</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1658 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>	
Mailing Address 44 Bell St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           70.00         </div>	
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : 65b620fd-e891-43da-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>	
Mailing Address 44 Bell St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           29.10         </div>	
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : 0cba78ff-38e5-43c1-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 25 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           99.10         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           99.10         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1659 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1410 Bushville Dr		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 677675aa-fecb-4e94-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1410 Bushville Dr		Amount 6.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e7b24eaf-6af1-4ae0-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 317 Farris Rd Apt 1		Amount <div> <div>Amount</div> <div>4.50</div> </div>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 06c3c137-152b-47e6-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>292370.62</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>34.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1661 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount <b>60.00</b>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>e72620aa-8f71-4282-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount <b>21.00</b>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>de4cac6b-a545-4452-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>81.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1662 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Stuart T Haley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address 600 W Vine Ave			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 828b0600-7037-41db-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Stuart T Haley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address 600 W Vine Ave			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : a717ff73-4a19-48bd-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">67.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1663 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Mailing Address    407 randall Dr			Amount <span style="border:1px solid black; padding:2px;">45.00</span>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3ef674bf-e3f8-45e7-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Mailing Address    205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0562969f-c26d-49a6-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">125.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1664 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Mailing Address 205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">49.50</span>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a3e427ca-5478-49ca-8	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Mailing Address 101 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9880d28c-c85c-45bc-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">129.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1665 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address <b>502 N Oak St</b>			Amount <span style="border:1px solid black; padding:2px;">12.50</span>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>b059e178-2dc8-460f-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address <b>502 N Oak St</b>			Amount <span style="border:1px solid black; padding:2px;">3.30</span>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>47583b29-2be5-45c8-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">15.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 502 N Oak St		Amount 11.70	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 02b9b426-21dd-413a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	61.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1667 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Floyd W Ferren</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 909 Holmes Rd Apt 143			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 6a055b01-476b-4d1c-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 202 Rue Des Cajun			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : b63e0f74-d0c9-452c-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1668 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>202 Rue Des Cajun</b>			Amount <span style="border: 1px solid black; padding: 2px;">11.10</span>		
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>4f17a4d9-7a56-4b8b-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">32.50</span>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>02479f29-f60f-45f4-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">43.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1669 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9425 Jessica Drive			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Shreveport	State LA	Zip Code 71106	Transaction ID : <b>bf17d8fb-cadf-4494-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 924 N. Prieur St			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City New Orleans	State LA	Zip Code 70116	Transaction ID : <b>d1d9e852-2f6e-4fd5-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1670 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 25 / 2014</b>	
Mailing Address <b>924 N. Prieur St</b>		Amount <b>9.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>cf08f66b-e29f-432d-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 25 / 2014</b>	
Mailing Address <b>3205 Pebble Beach Rd</b>		Amount <b>42.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>98759e62-064b-4583-9</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>51.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1671 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>3205 Pebble Beach Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.18</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>882af7f8-9f18-484c-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>e0af4005-78f5-4225-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.18</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1672 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Kelly Dolan</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>543 S 2nd St</b>			Amount <span style="border:1px solid black; padding:2px;">9.00</span>		
City <b>Bellaire</b>	State <b>NC</b>	Zip Code <b>77401</b>	Transaction ID : <b>2028cfe6-71b6-4f52-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>3300 Asher Ave</b>			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>33eb3257-ead9-4f73-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">79.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	



Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7e2eb22e-09a7-4fcc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	101.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Charolette	State NC	Zip Code 28215	<b>Transaction ID : 3c6aba21-5f5c-4e79-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	54.16
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1675 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">25.50</span>		
City Charolette	State NC	Zip Code 28215	Transaction ID : 7f663c5c-64ce-475c-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6424 Purple Martin Ct			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 1830bb47-33ff-46fb-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">45.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1676 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>6424 Purple Martin Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.65</span>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>a6cfc659-63dc-47d5-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>220 Doucet Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>3f2c1583-559a-49c9-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.65</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1677 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">4.71</div>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : <b>be8b5c53-928c-4d78-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lynn M Jacuzzi</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address    4715 Sugar Maple Ln			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">22.50</div>		
City Little Rock	State AR	Zip Code 72212	Transaction ID : <b>98555cef-937f-42a3-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">27.21</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

Full Name of Payee Lynn M Jacuzzi		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4715 Sugar Maple Ln		Amount 3.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 4e835b5b-5cc5-4da4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lindsey E Helms</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 301 N Clinic Apt 3		Amount 30.00	
City	State	Zip Code	Transaction ID : d9831ce4-6ea6-4b54-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	33.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015

Full Name of Payee <b>Natalie M Foutch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1057 Waldron Road		Amount 13.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 651aacff-9583-4c4c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	22.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5cc0ab6e-f55b-46a8-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	130.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1681 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">14.34</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 8fe46fc1-a30c-447f-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeffrey Hampton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014		
Mailing Address 1700 E Part Ave			Amount <span style="border: 1px solid black; padding: 2px;">33.00</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 80da41e9-6b52-4731-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.34</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 110 W Pecan St		Amount <div> <div></div> <div>55.00</div> </div>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 6f6b7d5c-5eee-4651-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	80.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1683 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 110 W Pecan St		Amount 22.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a972ea96-8f1b-4305-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 100.00	
City Conway	State AR	Zip Code 72032	Transaction ID : e428d944-a319-4eb6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		122.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 10.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 37dfe06e-0eab-4144-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sandra H Wagner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 5828 Rena Road		Amount 105.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 52c31ef1-b6ec-4260-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	115.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1685 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>5828 Rena Road</b>			Amount <span style="border:1px solid black; padding:2px;">13.80</span>		
City <b>Hamptonville</b>		State <b>NC</b>	Zip Code <b>27020</b>		Transaction ID : <b>ba268e34-5dfe-4cf4-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>1430 Sunnyside Rd</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>Alma</b>		State <b>AR</b>	Zip Code <b>72921</b>		Transaction ID : <b>87934721-dd68-45c2-8</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">93.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1686 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <b>10.80</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	Transaction ID : <b>fd0abb5c-fd3b-4d4a-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>2565 Shire Circle</b>		Amount <b>20.00</b>	
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>296a9cab-41a6-4ccd-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>30.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1687 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 629 Radiance Ave			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Metairie		State LA	Zip Code 70001		Transaction ID : 33781645-fa27-4630-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 629 Radiance Ave			Amount <span style="border: 1px solid black; padding: 2px;">6.30</span>		
City Metairie		State LA	Zip Code 70001		Transaction ID : 686ca2cb-1494-412b-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">86.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1688 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 30a0b3ab-e991-48a0-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 9ab4c6a1-6321-47c8-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">25.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1689 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : ef5f996d-6ed0-4592-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">2.70</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : acf84678-fc31-4c19-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">52.70</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1690 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address    3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>d13d21da-af40-4cb0-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address    3 Girard St			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>5de7c34e-d1db-4da5-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1691 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>50.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>19b07636-866d-4ee5-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>13.50</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>e1e07319-a2a7-4092-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>63.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1692 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>307 Farris Rd Apt 1</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>f98d4a24-ac65-452c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>307 Farris Rd Apt 1</b>			Amount <span style="border: 1px solid black; padding: 2px;">3.90</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>f1d91b3c-06ce-4110-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1693 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 2073 A Clover Ave			Amount 20.00		
City Springdale		State AR	Zip Code 72764		Transaction ID : 3a4766d1-f750-4237-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Hope Benner</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 2073 A Clover Ave			Amount 1.50		
City Springdale		State AR	Zip Code 72764		Transaction ID : ca723c75-4317-4b51-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1694 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address    300 Evangeline St			Amount <span style="border:1px solid black; padding:2px;">55.00</span>	
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	Transaction ID : <b>a6d3f0ce-fb06-4381-9</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Brandy Starns</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address    300 Evangeline St			Amount <span style="border:1px solid black; padding:2px;">6.60</span>	
City <b>Monroe</b>	State <b>LA</b>	Zip Code <b>71201</b>	Transaction ID : <b>cfdbb87d-cd91-40e5-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">61.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>c3e6dedb-e12a-4ff1-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">13.20</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>5905fbf8-a6eb-46da-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">48.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Michael A Toomey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 45.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 4b86f620-4f08-4a7a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael A Toomey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.50	
City Monroe	State LA	Zip Code 71212	Transaction ID : 362d44c0-c727-4112-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>49.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1697 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 55.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : cc7f90f6-b8f3-412b-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mary C Lee</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 10.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : fd5da6a6-e349-4e7e-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	65.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1698 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>6412 Osage Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	<b>Transaction ID : a7d7f790-e72b-446f-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>6412 Osage Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.84</div>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	<b>Transaction ID : 2327ae06-7865-45c3-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: <u>00</u>  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; float: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">29.84</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1699 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Hannah J Landry</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1110 N Coolidge			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City Gonzales		State LA	Zip Code 70737		Transaction ID : ae8101a4-4524-4e19-a
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Hannah J Landry</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1110 N Coolidge			Amount <span style="border: 1px solid black; padding: 2px;">10.74</span>		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 27952a43-0f82-4080-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">73.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1700 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>65.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>69e634cd-ede5-47d0-8</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>15.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>1dca92cb-7416-43e9-8</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>80.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1701 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 7ae5f4e3-e145-4e26-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brittnie W Campbell</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 5828 Rena Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 677bd22a-d977-45ba-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 25.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : f71fabcb-1023-42f9-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>30.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1703 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee <b>Kirsten E McKinney</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Mailing Address <b>1419 S Highbush Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.40</div>	
City <b>Fayetteville</b>	State <b>AR</b>	Zip Code <b>72701</b>	<b>Transaction ID : 99fece3b-a469-4a4e-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Mailing Address <b>111 Westchester Blvd</b> <b>Apt D4</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43.00</div>	
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>	<b>Transaction ID : e90e54b1-62e1-43dc-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.40</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1704 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>		
Mailing Address P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : 9a06277d-ed8c-4f38-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>		
Mailing Address P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">28.50</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : d2af7860-6a38-45bf-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">108.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1705 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">32.30</span>		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 1a3fb7b0-dd2a-4eb4-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Clarissa Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 6d0a8c98-4077-4c5b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">82.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1706 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Clarissa Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <span style="border: 1px solid black; padding: 2px;">31.50</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : <b>6c372e46-db93-4574-9</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 272 Westgate Ct Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">33.00</span>		
City Lexington		State NC	Zip Code 27295		Transaction ID : <b>f5c3fc75-5735-4438-a</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1707 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address 200 Carawood Lane		Amount <b>63.00</b>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>d91117b2-3666-47b8-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address 200 Carawood Lane		Amount <b>25.20</b>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>efe72855-137b-451b-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>88.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1708 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 20679 Glenbrook Terrace		Amount 60.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : b148374e-a4a4-45c0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 905 Lake Drive		Amount 60.00		
City Shelby	State NC	Zip Code 28152	Transaction ID : 6e19bdc9-8e06-4415-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1709 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>19.35</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>eaeb95f6-a719-4f7a-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>147 Possum Trot Rd</b>		Amount <b>70.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>ea6faa4d-d6f6-4a78-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>89.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1710 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 147 Possum Trot Rd			Amount <span style="border: 1px solid black; padding: 2px;">23.70</span>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : 7f3769d5-1086-4cb3-8
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 0b9cfd32-d394-4b5f-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">83.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 45.00	
City	State	Zip Code	Transaction ID : eb9e70f9-4754-4e0f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	51.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 19.71	
City	State	Zip Code	Transaction ID : <b>b5cbe861-1611-4b2c-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	64.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1713 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address Box #11543 915 E Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">99.00</span> <b>39.00</b>		
City Searcy		State AR	Zip Code 72149		Transaction ID : <b>e341e864-4b15-4486-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99.00</span> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address Box #11543 915 E Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">99.00</span> <b>10.50</b>		
City Searcy		State AR	Zip Code 72149		Transaction ID : <b>cda7fbef-0f72-4e84-9</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99.00</span> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">99.00</span> <b>49.50</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;">99.00</span> <b>0.00</b>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">99.00</span> <b>49.50</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1714 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address    100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8cbd0461-94e2-439a-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address    404 Chancery Park Ct			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 34de269a-c040-41df-8	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">110.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1715 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    404 Chancery Park Ct			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 084013c2-fb22-4ef7-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 ASBURY CT			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 83ffa9b5-7c41-41e5-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1716 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : e9d3044b-4b09-4da5-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 76bfa30a-465c-41d8-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1717 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>0e8ef0ae-4568-436b-a</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rze Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>c503ba03-c9ef-4470-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1718 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>40.00</b>
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>6d1be613-2b6d-462e-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>36.06</b>
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>2f4eab7b-d786-4088-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>76.06</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1719 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address 804 Roundabout Circle			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 447c1b08-066d-4203-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City High Point	State NC	Zip Code 27260	Transaction ID : 93a26eac-9518-4d81-b		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">162.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1720 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address    1025 Cayley Ct			Amount <span style="border:1px solid black; padding:2px;">16.20</span>	
City High Point	State NC	Zip Code 27260	Transaction ID : c59ef8f6-ec1d-4b06-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Mailing Address    2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">100.00</span>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d7efd84-2bc7-41fb-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">116.20</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1721 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>2121 Daniel Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">89.82</span>		
City <b>Searcy</b>		State <b>AR</b>	Zip Code <b>72143</b>		Transaction ID : <b>c7bdf250-93be-4e48-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>1025 Cayley Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">110.00</span>		
City <b>High Point</b>		State <b>NC</b>	Zip Code <b>27260</b>		Transaction ID : <b>f71ec5e7-87de-4272-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">199.82</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 08340952-bf9f-4ad5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 1095959.94 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	131.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 25 / 2014		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">19.20</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0033ae43-c821-48ef-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 25 / 2014		
Mailing Address 7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">95.00</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 0e7d94e8-e3e7-4150-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">114.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 7 Bards Lane			Amount 21.00		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 9d3d57f3-7a3d-4873-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1410 Bushville drive		Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 899e4cdb-14a9-414b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: right;">121.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1725 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>45.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>2a8fc026-df3f-4704-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>915 E Market Ave</b>		Amount <b>14.70</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>95b5681a-4de5-46ef-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>59.70</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1726 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lauren E Heffington</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>488 Broadwell Dr</b>		Amount <b>20.00</b>	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37220</b>	Transaction ID : <b>d5424236-5ac0-4808-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>90.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>7d6585fe-41bd-4287-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>110.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1727 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>		
Mailing Address 7151 Mullins Drive			Amount <span style="border:1px solid black; padding:2px;">51.90</span>		
City Saltville		State VA	Zip Code 24370		Transaction ID : <b>4c8512f6-cc34-480a-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Marysol Netro</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>		
Mailing Address 312 S Gunter St			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : <b>d4e97db6-9af9-4f9a-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 25 / 2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">81.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>		
			[Electronically Filed]		

Full Name of Payee <b>James Tatro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 80.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 555bdc13-cd02-455a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		81.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1729 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>James Tatro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014
Mailing Address 1208 Braeburn Rd		Amount 6.90
City Charlotte	State NC	Zip Code 28211
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 2586ad6f-34dd-4ab2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rachel L Anzalone</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014
Mailing Address 2319 West Oak		Amount 20.00
City El Dorado	State AR	Zip Code 71730
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f011d4c0-855c-4c20-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1730 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Rachel L Anzalone</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address <b>2319 West Oak</b>		Amount <b>3.00</b>	
City <b>El Dorado</b>	State <b>AR</b>	Zip Code <b>71730</b>	Transaction ID : <b>bf087736-cbce-4eb7-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Peggy A Sides</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>2183 Spokane Rd</b>		Amount <b>60.00</b>	
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28304</b>	Transaction ID : <b>59b867b6-dbd1-4139-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>63.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1731 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Peggy A Sides</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 26 / 2014         </div>	
Mailing Address 2183 Spokane Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           10.50         </div>	
City Fayetteville	State NC	Zip Code 28304	<b>Transaction ID : 7be90d46-b670-467c-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 26 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon Lynch</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 26 / 2014         </div>	
Mailing Address 6108 Harkins Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           40.00         </div>	
City Little Rock	State AR	Zip Code 72210	<b>Transaction ID : 477d9bee-8309-4b5c-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 25 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           50.50         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           0.00         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">           50.50         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1732 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Jon Linch</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 26 / 2014		
Mailing Address 6108 Harkins Ave			Amount <span style="border: 1px solid black; padding: 2px;">15.90</span>		
City Little Rock		State AR	Zip Code 72210		Transaction ID : c15b1c41-11e1-4d33-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tymer D Crawley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014		
Mailing Address 6 Sherwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 2dc271f3-a4ab-4fdc-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1733 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Tymber D Crawley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Mailing Address <b>6 Sherwood Dr</b>			Amount <span style="border:1px solid black; padding:2px;">3.30</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>95be0d04-6cdf-482a-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 25 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>4967 Dysartville</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>fe9b10a2-976a-4ab3-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">83.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : a8b68a18-0cc8-4143-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartsville Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : dd4b000a-6d8b-4efd-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1735 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 07749221-63f5-4eda-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : b6c0e348-7149-4325-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1736 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 5510 Dogwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29.20</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : f76d2af2-2d88-4af6-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 5510 Dogwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5.73</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 6c88786b-345f-4a8e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">34.93</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1737 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 168 Emerald Hill			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City Forest City		State NC	Zip Code 28043		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>b9c61f76-e560-4553-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>i360, LCC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address PO Box 37046			Amount <span style="border: 1px solid black; padding: 2px;">1044.37</span>		
City Baltimore		State MD	Zip Code 21297		
Purpose of Expenditure Phonebanking expense		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>c66b59b9-708f-421d-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1119.37</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1738 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>i360, LCC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>PO Box 37046</b>			Amount <span style="border:1px solid black; padding:2px;">1044.37</span>		
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297</b>	Transaction ID : <b>b86af665-d8bb-4c93-8</b>		
Purpose of Expenditure Phonebanking expense		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>i360, LCC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>PO Box 37046</b>			Amount <span style="border:1px solid black; padding:2px;">1044.37</span>		
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297</b>	Transaction ID : <b>80495a81-d5ce-414f-9</b>		
Purpose of Expenditure Phonebanking expense		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">2088.74</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>2134 Tobaccoville Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">29.20</span>		
City <b>Rural Hall</b>	State <b>NC</b>	Zip Code <b>27045</b>	Transaction ID : <b>ebad7125-bd4c-4220-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>i360, LCC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>PO Box 37046</b>			Amount <span style="border: 1px solid black; padding: 2px;">1500.00</span>		
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297</b>	Transaction ID : <b>bc2a5493-098a-482a-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Phonebanking expense</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1529.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee i360, LCC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address PO Box 37046		Amount 1500.00	
City Baltimore	State MD	Zip Code 21297	Transaction ID : 5c2e88ca-cd5f-4b09-a
Purpose of Expenditure Phonebanking expense	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City    State    Zip Code Spindale    NC    28160		Transaction ID : 3612878f-23a7-452c-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">40.71</span>		
City    State    Zip Code Spindale    NC    28160		Transaction ID : 46ae8160-b364-4fce-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">103.21</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i> <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1742 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border:1px solid black; padding:2px;">52.50</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 4ca2971f-c682-4c3f-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border:1px solid black; padding:2px;">10.74</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 74d62ecc-870d-4d87-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">63.24</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1743 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>2565 Shire Circle</b>			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>1c83d476-166c-473b-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Toni A Persinger-Buckler</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>5330 Nestleway Dr</b>			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>6c163a77-2daf-4f7f-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">70.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1744 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>5330 Nestleway Dr</b>		Amount <b>4.38</b>	
City <b>Clemmons</b>	State <b>NC</b>	Zip Code <b>27012</b>	Transaction ID : <b>8049a429-6fa2-4085-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Aaron L Griffin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>4830 Westin Park Drive</b>		Amount <b>40.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>b32b7143-58a3-4f07-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>44.38</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1745 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Aaron L Griffin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 4830 Westin Park Drive		Amount 12.30		
City Conway	State AR	Zip Code 72034	Transaction ID : 9d9ebd8b-15de-4683-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>James A Sears</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 305 Averroe Dr		Amount 30.00		
City Apex	State NC	Zip Code 27502	Transaction ID : e8f1f0d8-22d6-478e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		42.30		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1746 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : b6060129-49ff-4e53-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Charleen Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : fd2c16cc-1321-452b-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">45.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 3.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 3ff1d425-0f69-42b0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 30.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 881248eb-849e-4c55-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; width: 200px;"> <div style="text-align: right; margin-top: -10px;">33.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1748 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>272 Westgate Ct Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>df577ee7-de98-49d5-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>200 Carawood Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27295</b>	Transaction ID : <b>5a7c99f3-9dca-43f9-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.80</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1749 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : e21e7b11-5c37-4319-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Conway	State AR	Zip Code 72032	Transaction ID : 9683246e-f1a4-4997-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">32.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1750 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address    1254 Fleming St Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">4.80</div>		
City Conway	State AR	Zip Code 72032	Transaction ID : 66b619af-cd3b-4956-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address    5003 Allison Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">30.00</div>		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 89283806-c370-4aca-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">34.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>	

Full Name of Payee <b>Vanessa E Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : f3095ddc-4287-4840-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	19.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 54ab94dd-a165-40c7-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chelsey Waite</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 417fc1d9-5251-4352-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	25.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1753 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Tabitha M Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <span style="border:1px solid black; padding:2px;">12.50</span>		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 865e03a5-03a3-4362-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Mailing Address 4691 Hercules Lane			Amount <span style="border:1px solid black; padding:2px;">35.00</span>		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 69eed20a-8f43-4e5b-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">47.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1754 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joshua J Huffman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    211 Dixie Ave			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City <b>Harrisonburg</b>		State <b>VA</b>	Zip Code <b>22801</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>11fb2ebc-402d-4370-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    8450 Mount Valley Lane Apt 204			Amount <span style="border: 1px solid black; padding: 2px;">23.00</span>		
City <b>Raleigh</b>		State <b>NC</b>	Zip Code <b>27613</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>07ce137e-d562-4da1-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">33.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1755 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Samantha M Dowell</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>8450 Mount Valley Lane Apt 204</b>			Amount <span style="border: 1px solid black; padding: 2px;">2.40</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27613</b>	Transaction ID : <b>169330b4-0d83-4ca4-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Victoria A Gray</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>2173 Spokane Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28304</b>	Transaction ID : <b>8945c038-3fad-4fb6-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1756 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Victoria A Gray</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>2173 Spokane Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28304</b>	Transaction ID : <b>38852861-8e06-498e-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>6424 Purple Martin Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>4a25ad90-c30c-4999-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1757 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>					
Full Name of Payee <b>Linda J Fueling</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>		
Mailing Address 6424 Purple Martin Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           6.51         </div>		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 85567be9-97fb-4847-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           1095959.94         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>		
Mailing Address 3 Girard			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           70.00         </div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 05d4c8f9-59a3-4d80-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 26 / 2014         </div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           292370.62         </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">           76.51         </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">           0.00         </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">           76.51         </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            05 / 18 / 2015         </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 3 Girard			Amount 3.60		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 799e09e7-fca3-444b-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Stuart T Haley</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 600 W Vine Ave			Amount 45.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : eee6bcfc-8d85-46a7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.60
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 05 / 18 / 2015

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 35.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : be9339cf-58d7-409e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	57.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1760 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>60.00</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>2db4ba0d-96be-428c-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>12.60</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>88287ee8-746f-4fac-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>72.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1761 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Claire A Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>		
Mailing Address <b>6610 Walcott Rd</b>		Amount <b>45.00</b>		
City <b>Paragoud</b>	State <b>AR</b>	Zip Code <b>72450</b>	Transaction ID : <b>2543d904-5867-4d2e-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Claire A Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>		
Mailing Address <b>6610 Walcott Rd</b>		Amount <b>10.80</b>		
City <b>Paragoud</b>	State <b>AR</b>	Zip Code <b>72450</b>	Transaction ID : <b>db913943-8b2d-4863-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>55.80</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 112 apache Dr		Amount 10.80	
City	State	Zip Code	Transaction ID : f14b0aef-ee92-41a6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Search	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>55.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1763 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f314489c-87bd-4605-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">16.80</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1f878140-9623-4c25-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c42011fd-e259-46c4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">110.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1765 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Zachary Vidrine</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    202 Rue Des Cajun			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13.20</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2143b35e-f0c6-46ba-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    907 Randall Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 4e359527-a69e-46d4-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">48.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 55.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2e16e41d-5180-4bdc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	74.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1767 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address    2357 Fancy Cap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.26</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>0e27fd59-f132-4d06-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address    502 N Oak St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22.50</div>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : <b>f83388c2-f52b-4e34-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29.76</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1768 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>		
Mailing Address 502 N Oak St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">9.30</div>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 403355e6-c77e-42f6-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>		
Mailing Address 502 N Oak St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">12.50</div>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : c0005177-c0c3-4eb2-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">21.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div> [Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1769 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Pamela Hooper</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 26 / 2014</b>		
Mailing Address <b>502 N Oak St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.30</div>		
City    State    Zip Code <b>Little Rock    AR    72205</b>		Transaction ID : <b>3f84215b-f82f-4f79-8</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 26 / 2014</b>			
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px;"><b>002</b></div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 26 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City    State    Zip Code <b>Shreveport    LA    71106</b>		Transaction ID : <b>614a3e5a-ee9b-49ec-8</b> Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 26 / 2014</b>			
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px;"><b>001</b></div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">55.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1770 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 9425 Jessica Drive		Amount 5.40
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : e1eb3679-5e90-420d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jerome M Weil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 101 Durham Drive		Amount 50.00
City Lafayette	State LA	Zip Code 70508
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : aeb57195-5283-4210-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.40
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1771 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Jerome M Weil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>101 Durham Drive</b>		Amount <b>10.50</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70508</b>	Transaction ID : <b>a3557545-b472-45d3-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>3205 Pebble Beach Rd</b>		Amount <b>33.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>426e9b89-b6f8-4503-b</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>43.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">3.66</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : 557f4e93-9560-4647-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1430 Sunnyside Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Alma		State AR	Zip Code 72921		Transaction ID : 34ee45b4-84ef-4560-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.66</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1773 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 26 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>11.40</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	<b>Transaction ID : 534c3429-fbe5-4a31-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 26 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> <b>002</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 26 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>80.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	<b>Transaction ID : c0934cee-0483-4e42-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>09 / 26 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> <b>001</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> <b>91.40</b>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1774 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address <b>1691 Fork Mtn Rd</b>			Amount <span style="border:1px solid black; padding:2px;">35.70</span>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>7ac3c1bb-4d1c-411a-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Malinda Ledford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address <b>44 Bell Street Ext</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	Transaction ID : <b>125250b2-53cf-4218-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">115.70</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 44 Bell St		Amount <div> <div>Amount</div> <div>80.00</div> </div>	
City Spruce Pine	State NC	Zip Code 28777	<b>Transaction ID : cf49d883-6762-4a09-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	113.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Misty A Ledford</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">26</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>44 Bell St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33.30</div>		
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	<b>Transaction ID : 929850e2-ed40-4def-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">26</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">26</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address <b>307 Farris Rd Apt 1</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	<b>Transaction ID : 234cd3c3-3566-4069-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">26</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">73.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

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2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1777 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Adam Rock</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    307 Farris Rd Apt 1			Amount <span style="border: 1px solid black; padding: 2px;">6.60</span>		
City    State    Zip Code Conway    AR    72034		Transaction ID : 9c83fbd8-fcc6-4c48-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Vanessa E Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3738 Woodland Ridge Blvd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City    State    Zip Code Baton Rouge    LA    70816		Transaction ID : b44245b7-f948-4080-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1778 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <b>21.50</b>	
City Raleigh	State NC	Zip Code 27610	Transaction ID : <b>5db17950-45b5-4785-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <b>6.00</b>	
City Raleigh	State NC	Zip Code 27610	Transaction ID : <b>368bc497-09b7-4bd1-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>27.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1779 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Chelsey Waite</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>20.00</b>
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>b58d968f-e1b0-4c3e-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>20.00</b>
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>4d094693-8923-45db-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>40.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Charleen Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : <b>b9a9611e-5886-4f31-8</b>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">33.30</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>93fe4b80-e9ae-4edd-9</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">38.10</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1781 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">4.86</span>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : <b>de212fbd-d4e3-4209-a</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tabitha M Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : <b>7deb2417-06ff-41d5-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">24.86</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1782 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>37b7a5fd-cd05-4e07-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">13.50</span>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>2fd032f1-2e6c-4644-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">113.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1783 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1110 N Coolidge		Amount 55.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 766e141c-37ec-4a67-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1110 N Coolidge		Amount 9.30	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f72ffe2f-4673-44b5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	64.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1784 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2014</div>	
Mailing Address    110 W Pecan St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f205a118-39e5-4704-a
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2014</div>	
Mailing Address    110 W Pecan St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c82fb5f3-496e-4a28-a
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">77.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05 / 18 / 2015

Signature



Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div> <div>11.70</div> </div>		
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : 5498d4b8-084a-4565-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	71.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 20.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : a25d91ff-6853-4e70-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	53.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1787 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 6.00	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : 30daa060-1080-401c-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 407 randall Dr		Amount 55.00	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 3527c451-4232-4495-9</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	61.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1788 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>	
Mailing Address    407 randall Dr			Amount <span style="border:1px solid black; padding:2px;">21.00</span>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>a48be56b-9c74-4f36-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>	
Mailing Address    2183 Spokane Rd			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City <b>Fayetteville</b>	State <b>NC</b>	Zip Code <b>28304</b>	Transaction ID : <b>ba5289af-7396-478d-b</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 26 / 2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">81.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1789 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 66bad747-b915-4d5f-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 629 Radiance Ave			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Metairie	State LA	Zip Code 70001	Transaction ID : 2b6bac6b-79ab-4787-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">62.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1790 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Evelyn Lesaichner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 629 Radiance Ave			Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>		
City Metairie	State LA	Zip Code 70001	Transaction ID : c2c05273-5b06-406d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Conway	State AR	Zip Code 72032	Transaction ID : b4f14602-80b5-4da3-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">35.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1791 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>1254 Fleming St Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">16.50</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>1b4f99f0-6b44-4cbc-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sandra L Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>1254 Fleming St Apt 6</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72032</b>	Transaction ID : <b>c19bca6c-12c0-4059-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">46.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 13.50	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 2b9dc47b-3bb0-416b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		53.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1793 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address 5828 Rena Road			Amount <span style="border: 1px solid black; padding: 2px;">47.50</span>		
City Hamptonville	State NC	Zip Code 27020	Transaction ID : d1ff11ee-84e7-4b05-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Sandra H Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address 5828 Rena Road			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 8ee6adbd-cc04-4a0b-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1794 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Mailing Address    202 East Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 71ed06c4-fd10-4e6a-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: 00  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Mailing Address    202 East Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.02</div>		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 6f91dab8-4f25-404b-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input type="checkbox"/> House    District: 00  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">57.02</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>		
Mailing Address 1103 West Wilson Street			Amount <div> <div>Amount</div> <div>20.40</div> </div>		
City	State	Zip Code	<b>Transaction ID : 910864e3-1cdb-4d84-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>		
Ville Platte	LA	70586			
Purpose of Expenditure Mileage		Category/ Type	<div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____		
Ms. Mary L Landrieu			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.40	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 220 Doucet Rd		Amount <div> <div></div> <div>30.00</div> </div>	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 2c91f66f-6c9b-4b92-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
District: <u>00</u> State: <u>LA</u>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>65.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1797 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address <b>220 Doucet Rd</b>		Amount <span style="border:1px solid black; padding:2px;">2.13</span>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>f7f5b6ed-8c78-4ec4-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tracy M Hargett</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address <b>5133 Lord Bryon Road</b>		Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28405</b>	Transaction ID : <b>310d3d17-df1b-4a2c-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">52.13</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1798 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.10</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : <b>af040b57-f671-47fa-a</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 282 Falls Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Granite Falls		State NC	Zip Code 28630		Transaction ID : <b>fa44d30e-e612-49de-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">50.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1799 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    282 Falls Ave			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City    State    Zip Code Granite Falls    NC    28630		Transaction ID : 88758896-38f9-4e02-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    10112 Piney Creek Ct			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City    State    Zip Code Charolette    NC    28215		Transaction ID : d0a1b161-b3ee-4abf-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address P.O. Box 712		Amount 55.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : c283def8-bb73-4557-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	76.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1801 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>P.O. Box 712</b>			Amount <span style="border: 1px solid black; padding: 2px;">16.50</span>		
City <b>Alexander</b>		State <b>AR</b>	Zip Code <b>72002</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>afdeade5-ca0d-4bd9-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Caleb A Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>2646 N Valencia</b>			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City <b>Fayetteville</b>		State <b>AR</b>	Zip Code <b>72703</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>26b921c7-1249-437d-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">51.50</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1802 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Michael A Toomey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 45.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 0ef066f5-5817-497d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael A Toomey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : 6c983795-ad62-4ab3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1803 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address 2329 Runnymede Dr		Amount <b>40.00</b>	
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>031141af-4516-4ad4-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address 2329 Runnymede Dr		Amount <b>4.20</b>	
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>9d78e972-08cc-4618-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>44.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1804 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>50.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>775a238f-8a32-4b45-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>12.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>ed872b05-d4a9-402b-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>62.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1805 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 29b118e5-3a02-4157-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 51c57b04-c1e7-4467-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1806 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Rodney D Culbreth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : <b>b05ad72f-8448-4762-8</b>
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jazmine d Conner</b> Originally reported against Hagan, correctd with filing			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>		
Mailing Address 100 ASBURY CT			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">70.00</div>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : <b>91118db6-68f4-4803-8</b>
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 26 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">150.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

[Electronically Filed]

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 312 S Gunter St		Amount 1.50	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : f79bf5e7-61ed-40f0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	41.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1808 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>62.00</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>c9261dce-df5a-421a-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>905 Lake Drive</b>		Amount <b>17.10</b>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>5cd743e0-4beb-4149-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>79.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1809 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6101 NORA ST			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 8e5d7e5f-f41d-401c-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9ecbbd71-91cd-42be-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">155.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1810 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1399cf6c-4b58-4f69-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount 60.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 10ab27ce-6b4f-4d88-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f914d4c8-f194-4e6e-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e13cb936-091b-4144-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1812 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Windy Hageman</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>5521 Randolph St.</b>			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>8dc3bba6-66a9-47df-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Windy Hageman</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address <b>5521 Randolph St.</b>			Amount <span style="border:1px solid black; padding:2px;">1.20</span>		
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>ab5081b3-4f02-48b3-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">21.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1813 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>110 Maryella Dr</b>		Amount <b>60.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>43b04e2b-e926-44cb-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>110 Maryella Dr</b>		Amount <b>26.40</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>6bba680a-fa13-4031-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>86.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1814 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Heather N Montgomery</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 106 Wyncrest Ct		Amount 55.00
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 10e3975a-cab3-48a6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Heather N Montgomery</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 106 Wyncrest Ct		Amount 51.30
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : e895d604-fa96-4431-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1815 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Kinsey E Beck</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address    103 Glenhaven Ct			Amount <span style="border:1px solid black; padding:2px;">99999999</span> <b>55.00</b>	
City <b>Harvest</b>	State <b>AL</b>	Zip Code <b>35749</b>	Transaction ID : <b>76e497ce-5a28-43b0-8</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">99999999</span> <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Alexa S Dudley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address    4367 Splitlog Rd			Amount <span style="border:1px solid black; padding:2px;">99999999</span> <b>90.00</b>	
City <b>Goodman</b>	State <b>MO</b>	Zip Code <b>64843</b>	Transaction ID : <b>8c0825e3-5ec4-44a9-b</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">99999999</span> <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span> <b>145.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">99999999</span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1816 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 1a469aeb-70d4-4631-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Mailing Address    1208 Braeburn Rd			Amount <span style="border: 1px solid black; padding: 2px;">5.70</span>		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 8664ecfa-ef12-4aa9-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 26 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">85.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1817 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>James E Dacus</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>	
Mailing Address <b>117 Cynthia Ave</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City <b>Farmington</b>	State <b>AR</b>	Zip Code <b>72730</b>	Transaction ID : <b>63bb2bc9-35b5-4b20-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>20679 Glenbrook Terrace</b>			Amount <span style="border:1px solid black; padding:2px;">10.00</span>	
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>	Transaction ID : <b>43189ddd-8996-41be-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">100.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1818 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border:1px solid black; padding:2px;">40.00</span>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>9f199d88-d0ee-4498-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border:1px solid black; padding:2px;">30.30</span>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>c84e8b39-d5c5-4496-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 26 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">70.30</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1819 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carol L Walters</b> <small>Originally reported as 9/27, corrected with filing</small>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>	
Mailing Address 1900 Glen West Way		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Fort Smith	State AR	Zip Code 72916	<b>Transaction ID : 829b3d74-f495-4a90-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carol L Walters</b> <small>Originally reported as 9/27, corrected with filing</small>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>	
Mailing Address 1900 Glen West Way		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.20</div>	
City Fort Smith	State AR	Zip Code 72916	<b>Transaction ID : f2778a05-8f6a-4647-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">89.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1820 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartville			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 39bc37ba-f696-4896-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4967 Dysartville Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 99d82815-0390-497a-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">160.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Chelsey Waite</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 22.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : af829b2c-d1c7-4ef9-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>30.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1822 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 27 / 2014         </div>	
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           22.50         </div>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	<b>Transaction ID : 07c395ed-16fc-4ada-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 27 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           554635.78         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 27 / 2014         </div>	
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">           1.20         </div>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	<b>Transaction ID : 3f9781e9-5ca9-4f7a-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           09 / 27 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">           554635.78         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         23.70       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">         23.70       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y

 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1823 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Vanessa E Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>22.50</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	Transaction ID : <b>3da287d5-372c-458e-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>65.00</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>5a196663-afd4-415d-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>87.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1824 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>404 Chancery Park Ct</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>49363255-fc9c-45f2-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jerome M Weil</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>101 Durham Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70508</b>	Transaction ID : <b>dc04b40a-ef24-492b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">19.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1825 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Elvis Spears</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Mailing Address 2150 Hope St			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City New Orleans	State LA	Zip Code 70119	Transaction ID : <b>b1030d26-0986-4c34-b</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Elvis Spears</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Mailing Address 2150 Hope St			Amount <span style="border:1px solid black; padding:2px;">0.90</span>	
City New Orleans	State LA	Zip Code 70119	Transaction ID : <b>facd9404-62ed-4116-9</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">30.90</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1826 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 55.00	
City Bogalusa	State LA	Zip Code 70427	<b>Transaction ID : 62f8fe99-7ab9-421d-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 13.80	
City Bogalusa	State LA	Zip Code 70427	<b>Transaction ID : 20433257-da67-45f4-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	68.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1827 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Tim A Bachot</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1500 Martens Dr Apt B			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Hammond		State LA	Zip Code 70401		Transaction ID : <b>dc7642ea-090f-49bc-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tim A Bachot</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1500 Martens Dr Apt B			Amount <span style="border: 1px solid black; padding: 2px;">18.60</span>		
City Hammond		State LA	Zip Code 70401		Transaction ID : <b>4a3f2056-505c-4c71-9</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.60</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 14 Ramblewood Drive		Amount <div> <div></div> <div>25.00</div> </div>	
City Covington	State LA	Zip Code 70435	<b>Transaction ID : a7910531-84a3-4242-a</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	37.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1829 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Mary Frank</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 14 Ramblewood Drive		Amount 1.65	
City Covington	State LA	Zip Code 70435	Transaction ID : e0e1dc1d-9b57-4a4b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Tolicia J Colbert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 49 Sharon Circle		Amount 10.00	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : e435ebd2-0a73-496d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		11.65	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1830 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Tolicia J Colbert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>49 Sharon Circle</b>		Amount <b>0.90</b>	
City <b>Greenbrier</b>	State <b>AR</b>	Zip Code <b>72058</b>	Transaction ID : <b>1240131b-d7fd-495c-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>3 Girard St</b>		Amount <b>50.00</b>	
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>5233a80d-7827-486f-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>50.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1831 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Edward N Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3 Girard St		Amount 12.90	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : af22071a-2848-4b79-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3 Girard		Amount 55.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 0d41fc71-761d-43a4-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		67.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 70.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 22a2faaa-e1f8-4efb-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	72.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1833 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>	
Mailing Address <b>12920 Kneeland Ln</b>		Amount <b>45.00</b>	
City <b>Neosho</b>	State <b>MO</b>	Zip Code <b>64850</b>	Transaction ID : <b>d7122d3b-5198-4040-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lindsey N Rose</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>	
Mailing Address <b>615 Live Oak Dr</b>		Amount <b>80.00</b>	
City <b>searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>f17fe5ca-1326-4030-8</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>125.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1834 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>	
Mailing Address <b>180 McNeil Steep Hollow Rd</b>		Amount <b>40.00</b>	
City <b>Carriere</b>	State <b>MS</b>	Zip Code <b>39426</b>	Transaction ID : <b>a93709ba-1531-4b7d-a</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>	
Mailing Address <b>180 McNeil Steep Hollow Rd</b>		Amount <b>29.10</b>	
City <b>Carriere</b>	State <b>MS</b>	Zip Code <b>39426</b>	Transaction ID : <b>1f6b6a2e-2d37-4bd1-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 27 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>69.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b> <i>[Electronically Filed]</i>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Christopher L Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Picayune		State MS	Zip Code 39466		Transaction ID : 55509354-5d9c-4498-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher L Gilbert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount <span style="border: 1px solid black; padding: 2px;">15.60</span>		
City Picayune		State MS	Zip Code 39466		Transaction ID : cb65e6e1-9e1c-4939-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">65.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1836 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Joanna Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2134 Tobaccoville Rd			Amount <span style="border:1px solid black; padding:2px;">22.50</span>		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : b00257d9-6c7c-4f60-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2565 Shire Circle			Amount <span style="border:1px solid black; padding:2px;">30.00</span>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 17c91e2d-e18c-4c64-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">52.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	

Full Name of Payee Lindsey E Helms		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 301 N Clinic Apt 3		Amount 39.30	
City	State	Zip Code	Transaction ID : f0ddb93d-ce0d-4ab8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		119.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">35.00</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : <b>b55abe32-0082-46e9-b</b>
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tracy M Hargett</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">14.40</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : <b>6c48f55b-881d-4622-b</b>
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">49.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1839 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 730b847f-4c46-4b5f-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James Kindstedt</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014		
Mailing Address 5510 Dogwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 47c6ea57-80fe-4c3a-a		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">27.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1840 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Clarissa Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 42b3d875-e549-4e2f-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Clarissa Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 28.50		
City Searcy		State AR	Zip Code 72149		Transaction ID : d40c7d66-04cc-4674-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 78.50		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
			[Electronically Filed]		



Full Name of Payee <b>Heather A Smith</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 995 Clairborne Rd		Amount <div> <div>Amount</div> <div>15.30</div> </div>	
City Calhoun	State LA	Zip Code 71225	<b>Transaction ID : ac18574f-bfe3-4243-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	65.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1842 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Susan K Hamby</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address    202 Violet St			Amount <span style="border:1px solid black; padding:2px;">75.00</span>	
City West Monroe	State LA	Zip Code 71292	Transaction ID : <b>a69cabb2-0719-4a21-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Susan K Hamby</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address    202 Violet St			Amount <span style="border:1px solid black; padding:2px;">5.40</span>	
City West Monroe	State LA	Zip Code 71292	Transaction ID : <b>ec385d50-2400-49cd-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">80.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>1434 South Avenue</b>			Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>		
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>c199ec63-ff1a-41a3-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>1434 South Avenue</b>			Amount <span style="border: 1px solid black; padding: 2px;">19.20</span>		
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>7c9386f7-d11f-4528-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">119.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1844 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>110 Maryella Dr</b>		Amount <b>80.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>7c081c56-1f5b-49b8-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Thomas Dias</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>110 Maryella Dr</b>		Amount <b>57.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>f144847e-ccfd-497b-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>137.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1845 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 27 / 2014         </div>	
Mailing Address 5003 Allison Lane		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           55.00         </div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 311e77dc-63f4-4b2f-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 27 / 2014         </div>
Purpose of Expenditure Salary		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         001       </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         292370.62       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 27 / 2014         </div>	
Mailing Address 5003 Allison Lane		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           1.80         </div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 9e9bff60-2dbe-4eac-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            09 / 27 / 2014         </div>
Purpose of Expenditure Mileage		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         002       </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         292370.62       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         56.80       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         56.80       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1846 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 27 / 2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border:1px solid black; padding:2px;">16.90</span>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 35038ac1-b0d5-435a-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 27 / 2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lynn M Jacuzzi</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 27 / 2014</span>		
Mailing Address 4715 Sugar Maple Ln			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City Little Rock		State AR	Zip Code 72212		Transaction ID : 5165c8d3-dfdb-42db-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 27 / 2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">36.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>		
			[Electronically Filed]		

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1900 Glen West Way		Amount 55.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 84fb80c1-7c72-4bb8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		58.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....		
(c) TOTAL Independent Expenditures.....		

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1848 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">19.20</span>		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 93ec59bd-3422-46d0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Anna C Didier</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 710 S College Rd Apt 84			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2dfce0fe-572a-4e18-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1849 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Anna C Didier</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>710 S College Rd Apt 84</b>			Amount <span style="border:1px solid black; padding:2px;">18.30</span>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>98a694ae-14e0-4d2c-9</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>22369 Ponderosa Dr.</b>			Amount <span style="border:1px solid black; padding:2px;">75.00</span>	
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>35962364-2ddd-43b8-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">93.30</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1850 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.20</div>	
City Mandeville		State LA	Zip Code 70471	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : <b>33f90b64-f0cc-451a-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Mailing Address Box #11543 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : <b>f55139fe-b4e7-414f-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">113.20</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

Full Name of Payee <b>Natalie M Foutch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1057 Waldron Road		Amount 100.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : e40569e1-81f7-454d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>166.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1852 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>		
Mailing Address <b>502 N Oak St</b>		Amount <b>37.50</b>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>f252717b-4d58-47b6-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Pamela Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>		
Mailing Address <b>502 N Oak St</b>		Amount <b>12.30</b>		
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>2a7252a3-0f3d-4507-9</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>49.80</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1853 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 502 N Oak St			Amount <span style="border: 1px solid black; padding: 2px;">37.50</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 7d9b87d3-b833-428e-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra C Montalbano</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4177 Lowerline St			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Slidell		State LA	Zip Code 70461		Transaction ID : 49fedcda-45b5-47a5-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">77.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1854 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Sandra C Montalbano</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address    4177 Lowerline St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div>		
City    State    Zip Code Slidell    LA    70461		Transaction ID : dd51c1a0-3967-4bb5-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: LA <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sandra L Clarke</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address    1254 Fleming St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City    State    Zip Code Conway    AR    72032		Transaction ID : f0f5d02b-2532-4ec0-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Senate    State: AR <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">33.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>	

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>27</span> <span>2014</span> </div> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 5017aa69-aaf5-49e6-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>27</span> <span>2014</span> </div> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Matt M Clarke</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>27</span> <span>2014</span> </div> </div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.00</div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 1f58a178-047e-4221-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>27</span> <span>2014</span> </div> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">33.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M
D D D
Y Y Y Y Y Y

05
18
2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1856 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Corey S McKnight</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 1510 Bailey St			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City West Monroe		State LA	Zip Code 71292		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>646c1054-4a97-4727-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Corey S McKnight</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 1510 Bailey St			Amount <span style="border: 1px solid black; padding: 2px;">1.59</span>		
City West Monroe		State LA	Zip Code 71292		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Transaction ID : <b>17f720a1-889f-4bea-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.09</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1857 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address    4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">33.00</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : ddacecf-d-24fe-45a6-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address    4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 32b7b115-cb90-41fc-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lauren N Hamel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address PO Box 398			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Neosho	State MO	Zip Code 64850	Transaction ID : f0438c73-0e26-4701-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lauren N Hamel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address PO Box 398			Amount <span style="border: 1px solid black; padding: 2px;">46.80</span>		
City Neosho	State MO	Zip Code 64850	Transaction ID : 2eafca5a-c7f3-4b98-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">136.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1859 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Brittany A Frederick</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>18793 Hilltop Ln</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City <b>Nevada</b>	State <b>TX</b>	Zip Code <b>75173</b>	Transaction ID : <b>90a0b3d2-fdbf-4303-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border:1px solid black; padding:2px;">90.00</span>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>77c408ed-93b0-48c7-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">180.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1860 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">32.40</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>1112b581-aff2-4460-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>6544 Arno College Grove Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City <b>College Grove</b>	State <b>TN</b>	Zip Code <b>37046</b>	Transaction ID : <b>6b57ddb0-08b6-434a-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">122.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1861 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border: 1px solid black; padding: 2px;">32.40</span>		
City College Grove		State TN	Zip Code 37046		Transaction ID : 15293bea-84b2-465e-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3300 Asher Ave			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 18bd1219-c036-47fd-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">102.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1862 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address    3300 Asher Ave			Amount <span style="border:1px solid black; padding:2px;">27.60</span>	
City Little Rock	State AR	Zip Code 72204	Transaction ID : <b>1f019410-0d1c-4a7c-9</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Ashley n Thompson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Mailing Address    272 Westgate Ct Apt 6			Amount <span style="border:1px solid black; padding:2px;">45.00</span>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>b973bda2-09cb-40ee-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">72.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1863 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Katie A Barros</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014		
Mailing Address PO Box 398			Amount <span style="border:1px solid black; padding:2px;">95.00</span>		
City Neosho	State MO	Zip Code 64850	Transaction ID : 106e7034-8804-4e25-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James A Sears</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014		
Mailing Address 305 Averroe Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Apex	State NC	Zip Code 27502	Transaction ID : 47f74c47-6f55-4d44-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">155.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1864 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address 200 Carawood Lane		Amount <b>45.00</b>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>cf73635d-5953-4de9-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy G Lookabill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address 200 Carawood Lane		Amount <b>12.30</b>	
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>1f3fd295-69c9-4a1f-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>57.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1865 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Mary R Kirkland</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 504 Green Meadow Dr			Amount <span style="border: 1px solid black; padding: 2px;">95.00</span>		
City Boyd	State TX	Zip Code 76023	Transaction ID : <b>cb714132-2a29-45ef-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mary R Kirkland</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 504 Green Meadow Dr			Amount <span style="border: 1px solid black; padding: 2px;">43.50</span>		
City Boyd	State TX	Zip Code 76023	Transaction ID : <b>1a7cd869-0fa2-4646-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">138.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1866 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee <b>Joshua D Syrotchen</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 915 East Market Ave			Amount 110.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : a39e6177-a65a-4dd5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joshua D Syrotchen</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 915 East Market Ave			Amount 86.10		
City Searcy	State AR	Zip Code 72149	Transaction ID : b2607eca-a3e4-49be-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			196.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1867 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Michael A Toomey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Monroe		State LA	Zip Code 71212		Transaction ID : 859745cd-cd35-4148-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Michael A Toomey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount <span style="border: 1px solid black; padding: 2px;">5.55</span>		
City Monroe		State LA	Zip Code 71212		Transaction ID : 5c0f5fba-ed71-4f52-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">60.55</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Dylan J Sparks</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 915 East Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">110.00</span>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 01bc3788-86d8-4fcf-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Conway		State AR	Zip Code 72032		Transaction ID : 4a3a068a-f2d0-4c86-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">200.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1869 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 27 / 2014         </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div style="border: 1px solid black; padding: 2px;">           12.60         </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 2c5da214-25d2-4421-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 27 / 2014         </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">           002         </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">         292370.62       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 27 / 2014         </div>	
Mailing Address 3110 Brentwood Rd		Amount <div style="border: 1px solid black; padding: 2px;">           55.00         </div>	
City Raleigh	State NC	Zip Code 27604	<b>Transaction ID : e2c2e6e9-9aeb-4054-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            09 / 27 / 2014         </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">           001         </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">         1095959.94       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">         67.60       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">         67.60       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1870 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3110 Brentwood Rd			Amount <span style="border: 1px solid black; padding: 2px;">13.80</span>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 3b6400fb-dc64-46f4-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    629 Radiance Ave			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Metairie	State LA	Zip Code 70001	Transaction ID : 47ccbf04-80ea-454b-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">78.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1871 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>629 Radiance Ave</b>			Amount <span style="border:1px solid black; padding:2px;">5.40</span>		
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	Transaction ID : <b>01728514-f2fb-471e-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>P.O. Box 712</b>			Amount <span style="border:1px solid black; padding:2px;">95.00</span>		
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>84a63633-cc10-4ee5-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">100.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1872 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>		
Mailing Address <b>P.O. Box 712</b>		Amount <b>29.40</b>		
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>bb1df494-2ef1-4496-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mary C Lee</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>		
Mailing Address <b>1030 N Coolidge Ave</b>		Amount <b>90.00</b>		
City <b>Gonzales</b>	State <b>LA</b>	Zip Code <b>70737</b>	Transaction ID : <b>eeb1b83d-37db-44c7-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>119.40</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
[Electronically Filed]				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Mary C Lee</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>1030 N Coolidge Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">9.63</span>		
City <b>Gonzales</b>	State <b>LA</b>	Zip Code <b>70737</b>	Transaction ID : <b>f5c22822-6f46-4284-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Benjamin Hernandez</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>915 E Market Ave</b>			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>186003ad-7ec0-490d-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.63</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 915 E Market Ave		Amount 26.40	
City	State	Zip Code	Transaction ID : ab85c021-b39d-4475-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1110 N Coolidge		Amount 100.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 97e41e55-5320-4568-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	126.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1875 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 27 / 2014
Mailing Address 1110 N Coolidge		Amount <span style="border: 1px solid black; padding: 2px;">18.45</span>
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Mileage	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Transaction ID : 38b334a9-0d1d-4265-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 27 / 2014
Mailing Address 3007 Darden Rd		Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : 6065305f-009a-4413-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">98.45</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">17.10</span>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6716936f-f845-4e81-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    102 S Main Street Apt A2			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Berryville	State VA	Zip Code 22611	Transaction ID : 77d5bf5a-11da-479e-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">67.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1877 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    121 Meadowview Drive			Amount <span style="border:1px solid black; padding:2px;">30.00</span>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>ec39fb49-fef9-4b99-9</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address    121 Meadowview Drive			Amount <span style="border:1px solid black; padding:2px;">5.70</span>	
City <b>Boone</b>	State <b>NC</b>	Zip Code <b>28607</b>	Transaction ID : <b>3a2af0d7-854f-4715-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">35.70</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1878 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d9f5cb40-6d9c-4145-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border:1px solid black; padding:2px;">37.50</span>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : a32e33a0-86c1-4d5c-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">117.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1879 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 446684a9-4cae-46a4-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9425 Jessica Drive			Amount <span style="border: 1px solid black; padding: 2px;">82.50</span>		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 9d783af5-acd6-4b53-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">92.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1880 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>		
Mailing Address <b>9425 Jessica Drive</b>		Amount <b>11.40</b>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>46f9c022-4413-43f4-a</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>		
Mailing Address <b>3654 Tara St</b>		Amount <b>85.00</b>		
City <b>springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	Transaction ID : <b>85857514-f420-42f7-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>96.40</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Mattie Harris</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    3654 Tara St			Amount <span style="border: 1px solid black; padding: 2px;">18.60</span>		
City    State    Zip Code springdale    AR    72762		Transaction ID : 54e154c7-38ec-4038-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Paul Rickert</b> Originally reported against Kay Hagan, corrected with filing			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    710 St. Martins Lane			Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>		
City    State    Zip Code Bossier City    LA    71111		Transaction ID : 50a2d9d2-4494-4aa0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">53.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1882 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Paul Rickert</b> <div style="text-align: right; font-size: small;">Originally reported against Kay Hagan, corrected with filing</div>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 710 St. Martins Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div>		
City Bossier City		State LA	Zip Code 71111		Transaction ID : df05aaaf-2cb8-44b2-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6610 Walcott Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 74d68e53-85b7-41bc-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">58.90</div>					
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) <b>TOTAL</b> Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <span style="float: right;">[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></span>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1883 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Claire A Smith</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6610 Walcott Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.75</div>		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 4de532b9-4e44-4aa4-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 112 apache Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Search		State AR	Zip Code 72149		Transaction ID : 2a6a622f-dee7-4194-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">76.75</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Anthony Pearson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 112 apache Dr			Amount <span style="border: 1px solid black; padding: 2px;">21.75</span>		
City Search		State AR	Zip Code 72149		Transaction ID : 4e318985-6509-4d73-a
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 6b5421c3-2c61-41cd-b
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">101.75</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1885 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>220 Doucet Rd</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.23</span>		
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>7ae6af28-5d0e-478f-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>6403 E Admiral Doyle Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Jeanerette</b>	State <b>LA</b>	Zip Code <b>70544</b>	Transaction ID : <b>bec4156f-f104-4b91-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">67.23</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1886 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6403 E Admiral Doyle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.80</div>		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 8f4df188-57c3-4a89-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6403 E Admiral Doyle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 51f50f2c-0b00-49ef-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">76.80</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1887 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6403 E Admiral Doyle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.80</div>		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 98c83609-e78a-4d36-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 2506 Bolch Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 66bd503a-3c93-437a-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">76.80</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1888 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    2506 Bolch Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">46.20</div>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : b81ab89b-cac4-41c0-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Suzanna M Bradley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    1002 W Spring St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div>		
City Collinsville	State OK	Zip Code 74021	Transaction ID : f307a5d7-9f28-442a-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">116.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	



Full Name of Payee <b>Suzanna M Bradley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1002 W Spring St		Amount 40.50	
City Collinsville	State OK	Zip Code 74021	<b>Transaction ID : 0bab6f20-49a8-406f-9</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Charity A Carr</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 13827 S E 44th St		Amount 70.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 22e33652-f74c-4c1e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	110.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1890 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4975a098-0842-4851-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">27.90</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : c4373490-8aab-4228-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">87.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1891 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Windy Hageman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>5521 Randolph St.</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>88f4ac24-657f-48d2-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Windy Hageman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>5521 Randolph St.</b>			Amount <span style="border: 1px solid black; padding: 2px;">8.70</span>		
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>01ecac8a-16ca-449c-b</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">78.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 4902 Catawba Dr		Amount 9.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>fa7c8aa6-3078-4342-9</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<u>29.60</u>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1893 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Debra Lindsey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 119 Goldenwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City State Zip Code Slidell LA 70461		Transaction ID : 46cc9daa-adfc-4aa8-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Debra Lindsey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 119 Goldenwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">13.80</span>		
City State Zip Code Slidell LA 70461		Transaction ID : 073a924c-50b7-4e8e-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">63.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1894 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 50.00	
City Slidell	State LA	Zip Code 70461	<b>Transaction ID : ea69b161-b193-41ea-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 13.80	
City Slidell	State LA	Zip Code 70461	<b>Transaction ID : 6b35c880-155e-4e0d-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	63.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1895 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>202 East Park Ave Apt 40</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Searcy</b> State <b>AR</b> Zip Code <b>72143</b>		Transaction ID : <b>295ee484-95b1-4d8f-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Shelbi L Randall</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>202 East Park Ave Apt 40</b>			Amount <span style="border: 1px solid black; padding: 2px;">34.41</span>		
City <b>Searcy</b> State <b>AR</b> Zip Code <b>72143</b>		Transaction ID : <b>72b72dda-54c8-4f3a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">94.41</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1896 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 2002 E Park Ave Apt 40			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>1b7bd125-d015-4283-b</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address 905 Lake Drive			Amount <span style="border:1px solid black; padding:2px;">72.00</span>		
City Shelby	State NC	Zip Code 28152	Transaction ID : <b>ac408e79-1f03-4fcf-8</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">132.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1897 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address    905 Lake Drive			Amount <span style="border:1px solid black; padding:2px;">14.70</span>		
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>57b3aebe-34fe-4126-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mark McNair</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address    11 Cooper Lane			Amount <span style="border:1px solid black; padding:2px;">36.00</span>		
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>badea9d1-668b-4733-9</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">50.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1898 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Mark McNair</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>11 Cooper Lane</b>		Amount <b>5.40</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>56aa9e42-c822-4a5a-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Matt Gleb</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>3815 Robin Road</b>		Amount <b>12.50</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>21bacdf7-b4a6-4783-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>17.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1899 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Matt Gleb</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    3815 Robin Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City Ayden	State NC	Zip Code 28513	Transaction ID : ecb8e9b7-257a-4a7c-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type    002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kacie Gleb</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address    3815 Robin Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.50</div>		
City Ayden	State NC	Zip Code 28513	Transaction ID : 536cd6a0-f590-4eb8-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type    001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought    1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1900 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>6101 NORA ST</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>a7774bde-8dd7-40cc-9</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>1436 Haigs Creek Dr</b>			Amount <span style="border: 1px solid black; padding: 2px;">165.00</span>		
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>b1c20b79-18ad-4de8-8</b>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">225.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1901 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>1436 Haigs Creek Dr</b>			Amount <span style="border:1px solid black; padding:2px;">106.02</span>		
City <b>Elgin</b>		State <b>SC</b>	Zip Code <b>29045</b>		Transaction ID : <b>5d8e5e70-a99c-45e5-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Mailing Address <b>18065 Wayne Rd</b>			Amount <span style="border:1px solid black; padding:2px;">165.00</span>		
City <b>Odessa</b>		State <b>FL</b>	Zip Code <b>33556</b>		Transaction ID : <b>a1aff2b1-4e44-4ea5-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 27 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">271.02</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1902 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2014</b>	
Mailing Address 404 Chancery Park Ct		Amount 45.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 02372bb0-0834-4a06-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2014</b>	
Mailing Address 404 Chancery Park Ct		Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 6b435a15-7206-4a7f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1903 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 28 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>ffc4ec46-446a-459b-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 28 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 28 / 2014</b>		
Mailing Address <b>924 N. Prieur St</b>			Amount <span style="border:1px solid black; padding:2px;">12.00</span>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70116</b>	Transaction ID : <b>27fc69d9-27b8-486f-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 28 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">92.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border: 1px solid black; padding: 2px;">52.50</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 4beb2243-ead9-43cf-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    160 #50 Pompano Dr			Amount <span style="border: 1px solid black; padding: 2px;">12.06</span>		
City New Bern	State NC	Zip Code 28560	Transaction ID : 34b47b8c-4977-4249-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">64.56</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1905 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Shreveport		State LA	Zip Code 71119		Transaction ID : f558cb0d-69f5-428d-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border: 1px solid black; padding: 2px;">37.80</span>		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 913b0dd8-2621-4ed9-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">107.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1906 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Lourdes Lopez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 2936 Brushwood Ave		Amount 40.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : 671660b3-b86f-4326-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lourdes Lopez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 2936 Brushwood Ave		Amount 6.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : 13a40708-2138-493a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1907 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Zachary R McCleese</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2014</b>		
Mailing Address 323 Rolling Pines Dr		Amount 50.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 119d990c-88c5-441d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Zachary R McCleese</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2014</b>		
Mailing Address 323 Rolling Pines Dr		Amount 36.30		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : a6e06593-e0a4-47a0-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 28 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		86.30		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div> <div>15.00</div> </div>	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : fd5f11e0-729f-4168-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	70.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 200 Carawood Lane		Amount \$ 55.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 2f4b6ced-aa19-4fc7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 6e13c7eb-2cac-4500-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>155.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature




Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 28 / 2014		
Mailing Address 1434 South Avenue			Amount <span style="border: 1px solid black; padding: 2px;">20.25</span>		
City Eden		State NC	Zip Code 27288		Transaction ID : 4aa6ed4f-1bd3-4ec3-b
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 28 / 2014		
Mailing Address 110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 0bd09743-767e-469c-9
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75.25</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 258076e2-66bf-4040-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶  26.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ 
(c) <b>TOTAL</b> Independent Expenditures.....	▶ 

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 94145bda-429a-4376-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	52.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2329 Runnymede Dr			Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 409c7bf0-8a1d-4d4b-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 9909 Treasure Hill Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 858b1aa2-1e1f-4a36-a		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">54.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1914 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Patrice Wolfe</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 28 / 2014</div>		
Mailing Address 9909 Treasure Hill Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.00</div>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 39d6bb6f-7a6b-45f5-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 28 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 28 / 2014</div>		
Mailing Address P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : e5ab4146-6e0f-410d-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 28 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">47.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1915 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Todd Ellis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address P.O. Box 712			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>		
City Alexander		State AR	Zip Code 72002		Transaction ID : 720b1cf9-5df5-4e06-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lynn M Jacuzzi</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4715 Sugar Maple Ln			Amount <span style="border: 1px solid black; padding: 2px;">17.50</span>		
City Little Rock		State AR	Zip Code 72212		Transaction ID : fb6f5a5d-fff0-43c2-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Lynn M Jacuzzi</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    4715 Sugar Maple Ln			Amount <span style="border: 1px solid black; padding: 2px;">2.40</span>		
City    State    Zip Code Little Rock    AR    72212		Transaction ID : c25eeb65-00e5-4c78-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City    State    Zip Code Shreveport    LA    71104		Transaction ID : 6778be00-09e3-43ee-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">82.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 28 / 2014</b>		
Mailing Address <b>2506 Bolch Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">34.50</span>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71104</b>	Transaction ID : <b>3c94641a-4b5a-417b-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 28 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 28 / 2014</b>		
Mailing Address <b>506 N Horton Street</b>			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>784db2a7-2775-4970-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 28 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">114.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 506 N Horton Street		Amount 37.20	
City	State	Zip Code	<b>Transaction ID : de99ad09-bdc7-4cf1-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rebecca A Shearer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 80.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : baa81397-8d02-4f31-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014	
292370.62			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: right;">117.20</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border: 1px solid black; padding: 2px;">37.20</span>		
City College Grove		State TN	Zip Code 37046		Transaction ID : e9d1bdf0-d3cd-4b21-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>John W Antonetz</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 11127 Gila Valley Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Little Rock		State AR	Zip Code 72217		Transaction ID : b0be8ae3-e337-4171-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">47.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1920 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>John W Antonetz</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 28 / 2014</span>	
Mailing Address    11127 Gila Valley Dr			Amount <span style="border:1px solid black; padding:2px;">4.80</span>	
City Little Rock	State AR	Zip Code 72217	Transaction ID : 515d1e40-b6d1-48ac-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 28 / 2014</span>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 28 / 2014</span>	
Mailing Address    18065 Wayne Rd			Amount <span style="border:1px solid black; padding:2px;">120.00</span>	
City Odessa	State FL	Zip Code 33556	Transaction ID : 6238c612-b18c-4d93-b Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 28 / 2014</span>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">124.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>



Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 76.62	
City Elgin	State SC	Zip Code 29045	Transaction ID : d6051511-a4b6-4c42-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	196.62
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1922 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Kinsey E Beck</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>	
Mailing Address <b>103 Glenhaven Ct</b>		Amount <b>50.00</b>	
City <b>Harvest</b>	State <b>AL</b>	Zip Code <b>35749</b>	Transaction ID : <b>701604b4-7274-46d2-8</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kinsey E Beck</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>	
Mailing Address <b>103 Glenhaven Ct</b>		Amount <b>27.30</b>	
City <b>Harvest</b>	State <b>AL</b>	Zip Code <b>35749</b>	Transaction ID : <b>a1d89f03-3901-4771-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>77.30</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Heather N Montgomery</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 106 Wyncrest Ct			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : 0351c0ff-879a-4d1c-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 4902 Catawba Dr			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 5671c4bc-2d23-46d6-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 42d31762-cddc-4207-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	89.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1925 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>		
Mailing Address <b>2320 Saint Nick Dr</b>		Amount <b>16.50</b>		
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70131</b>	Transaction ID : <b>a82ef262-beeb-404b-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>		
Mailing Address <b>6101 NORA ST</b>		Amount <b>65.00</b>		
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>89da8fe4-6dd6-4cc8-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 28 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>81.50</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1926 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Gloria L Moyer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    1505 Dills Creek Lane			Amount <span style="border:1px solid black; padding:2px;">10.00</span>		
City Morehead		State NC	Zip Code 28557		Transaction ID : 2325fc7e-2f5c-42c5-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    6544 Arno College Grove Rd			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City College Grove		State TN	Zip Code 37046		Transaction ID : 41cc90e7-f6d5-4c67-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">50.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City    State    Zip Code Fayetteville    NC    28304		Transaction ID : 389a25d0-22e5-49a3-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">10.50</span>		
City    State    Zip Code Fayetteville    NC    28304		Transaction ID : 96e1fe80-f0b5-4292-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">70.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1928 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 22 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">10.50</div>		
City Searcy		State AR	Zip Code 72149		<b>Transaction ID : 73877daa-67d6-4de5-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rachel H Young</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 22 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2.40</div>		
City Searcy		State AR	Zip Code 72149		<b>Transaction ID : c9b3cacf-92b4-4480-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">12.90</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div>Ms. Emily Buchanan _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 05 / 18 / 2015</div></div>					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1929 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 44 Bell Street Ext		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 88b1cad1-e4dc-43b8-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 44 Bell Street Ext		Amount 16.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 925f54d0-4e2c-4787-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1930 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address    1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>ec3c4a2f-6a5b-405a-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Virginia M Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address    1691 Fork Mtn Rd			Amount <span style="border: 1px solid black; padding: 2px;">16.20</span>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>5be343b2-6684-4210-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1931 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Laurel Littler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>145 Bradford Circle</b>			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>cf7ab142-e940-4d76-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Laurel Littler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>145 Bradford Circle</b>			Amount <span style="border: 1px solid black; padding: 2px;">11.70</span>		
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>d4dd187e-0d76-4a75-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">71.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1932 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Laurel Littler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>145 Bradford Circle</b>		Amount <b>30.00</b>	
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>8a31e1d6-37a2-40ab-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laurel Littler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>145 Bradford Circle</b>		Amount <b>5.10</b>	
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>8807f489-17c6-411c-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>35.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1933 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Laurel Littler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>145 Bradford Circle</b>		Amount <b>30.00</b>	
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>e7ae3280-5594-41b4-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Laurel Littler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 26 / 2014</b>	
Mailing Address <b>145 Bradford Circle</b>		Amount <b>7.20</b>	
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>06c685d0-b52e-4959-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 26 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>37.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1934 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Laurel Littler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>145 Bradford Circle</b>		Amount <b>30.00</b>	
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>0f0bc51a-5d77-4ffb-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laurel Littler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2014</b>	
Mailing Address <b>145 Bradford Circle</b>		Amount <b>8.40</b>	
City <b>Clayton</b>	State <b>NC</b>	Zip Code <b>27527</b>	Transaction ID : <b>e6815606-e295-49ee-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>38.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1935 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Anthony Buchanan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 1090 McHone Rd		Amount <b>80.00</b>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : <b>4a948ee0-21db-407a-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Anthony Buchanan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 1090 McHone Rd		Amount <b>14.10</b>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : <b>b39d1f3d-de90-4d50-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>94.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1936 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Nicholas O Wilcox</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    1981 Cherokee St			Amount <span style="border:1px solid black; padding:2px;">42.00</span>		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : d8dbfede-da55-4350-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Nicholas O Wilcox</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    1981 Cherokee St			Amount <span style="border:1px solid black; padding:2px;">2.76</span>		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 0b82df9a-db53-4c15-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">44.76</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1937 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">62.50</span>		
City charlotte		State NC	Zip Code 28227		Transaction ID : f9bd9355-f926-4c93-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address Split Oak Drive			Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>		
City charlotte		State NC	Zip Code 28227		Transaction ID : 20bbb202-77db-4991-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">74.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1938 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address <b>1010 S Dogwood Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>17b66d25-ab50-4ca9-8</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jodi Fountain</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address <b>1010 S Dogwood Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>		
City <b>Bogalusa</b>	State <b>LA</b>	Zip Code <b>70427</b>	Transaction ID : <b>27cf6194-42ee-4f8d-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">37.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1939 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 345 Auroura Ave			Amount 40.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 0f1dc691-2b8a-4759-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Beau Autin</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 345 Auroura Ave			Amount 2.28		
City Metairie	State LA	Zip Code 70006	Transaction ID : 40b81ab3-68f9-41ee-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	42.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1940 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James A Sears</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 305 Averroe Dr			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Apex		State NC	Zip Code 27502		Transaction ID : d426d25a-cd4b-44b7-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <span style="border: 1px solid black; padding: 2px;">00</span> State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 121 Meadowview Drive			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Boone		State NC	Zip Code 28607		Transaction ID : 0729e781-8b99-4387-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <span style="border: 1px solid black; padding: 2px;">00</span> State: <span style="border: 1px solid black; padding: 2px;">NC</span>		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1095959.94</span>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">40.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 53f2e5a7-f350-4c27-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	26.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1942 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Amber N Robbins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1074 A Cottrell Hill Rd Apt A			Amount <span style="border: 1px solid black; padding: 2px;">22.00</span>		
City Lenior		State NC	Zip Code 28645		Transaction ID : d622fadd-8e5a-41ce-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amber N Robbins</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1074 A Cottrell Hill Rd Apt A			Amount <span style="border: 1px solid black; padding: 2px;">6.90</span>		
City Lenior		State NC	Zip Code 28645		Transaction ID : e859cb49-5de2-447b-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">28.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1943 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5003 Allison Lane			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 9fd6cd33-1b1e-4690-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Cecilla A Rebrick</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 5003 Allison Lane			Amount <span style="border: 1px solid black; padding: 2px;">1.50</span>		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 651561e7-c462-4481-9
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">61.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1944 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Devan J McNeil</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 2521 Corolla Hills Dr			Amount <span style="border:1px solid black; padding:2px;">22.00</span>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1bcc2059-13d4-4181-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 3 Girard			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 4fab9f77-9cdf-4c01-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">92.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1945 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3 Girard			Amount 12.90		
City State Zip Code Fort Smith AR 72901		Transaction ID : 7c089fee-8036-4ffa-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3 Girard St			Amount 60.00		
City State Zip Code Ft Smith AR 72901		Transaction ID : 351ecb6d-fe6b-4cd3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1946 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address <b>3 Girard St</b>			Amount <span style="border:1px solid black; padding:2px;">14.10</span>	
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>6d99def3-3ee3-47f5-b</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>			Amount <span style="border:1px solid black; padding:2px;">25.00</span>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>8383bbbc-bad3-436e-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">39.10</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]    Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Mailing Address 7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : a06baf50-07bc-498e-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Dylan J Sparks</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : bd644623-d620-40d9-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1948 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Dylan J Sparks</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 29 / 2014</b>		
Mailing Address <b>915 East Market Ave</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>50.40</b>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>b8ab70c5-f4c1-4489-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 29 / 2014</b>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>002</b></div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Tolicia J Colbert</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 29 / 2014</b>		
Mailing Address <b>49 Sharon Circle</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>35.00</b>		
City <b>Greenbrier</b>	State <b>AR</b>	Zip Code <b>72058</b>	Transaction ID : <b>487697e4-dd0c-4f92-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>09 / 29 / 2014</b>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>001</b></div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>85.40</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date    <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>05 / 18 / 2015</b></div><div style="width: 20%;"></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1949 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Tolicia J Colbert</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>		
Mailing Address    49 Sharon Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.20</div>		
City    State    Zip Code Greenbrier    AR    72058		Transaction ID : 9db35862-3e69-45db-b Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Zachary R McCleese</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>		
Mailing Address    323 Rolling Pines Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City    State    Zip Code Spring Lake    NC    28390		Transaction ID : 03678943-b627-465d-b Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.20</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed]    Date    MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1950 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary R McCleese</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address 323 Rolling Pines Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.10</div>		
City Spring Lake	State NC	Zip Code 28390	<b>Transaction ID : 4106c8e9-8fb1-46d4-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tammay Williams</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address 924 N. Prieur St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City New Orleans	State LA	Zip Code 70116	<b>Transaction ID : d32cd409-02ce-4bb1-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">112.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1951 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>		
City New Orleans		State LA	Zip Code 70116		<b>Transaction ID : ded98514-5abc-4e88-a</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 8822 Apple St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>		
City New Orleans		State LA	Zip Code 70188		<b>Transaction ID : 113465de-b35c-4d81-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">77.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1952 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 8822 Apple St			Amount <span style="border:1px solid black; padding:2px;">65.00</span>		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 2d348138-c763-4ebb-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Carla K Pilgreen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 212 Stonecliff Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City West Monro	State LA	Zip Code 71291	Transaction ID : 8a68c278-e9e1-4137-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">125.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1953 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Carla K Pilgreen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address    212 Stonecliff Dr			Amount <span style="border:1px solid black; padding:2px;">8.49</span>	
City West Monro	State LA	Zip Code 71291	Transaction ID : 4601ea9a-6002-42eb-8	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Stuart T Haley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address    600 W Vine Ave			Amount <span style="border:1px solid black; padding:2px;">50.00</span>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0871d00d-0dd4-49b4-a	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">58.49</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 13827 S E 44th St		Amount 55.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 3dff5650-a3a1-4909-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	78.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1955 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Joshua J Huffman</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address    211 Dixie Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div>		
City <b>Harrisonburg</b>		State <b>VA</b>	Zip Code <b>22801</b>		<b>Transaction ID : 269b2a6a-e047-40b7-b</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Corey S McKnight</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address    1510 Bailey St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City <b>West Monroe</b>		State <b>LA</b>	Zip Code <b>71292</b>		<b>Transaction ID : 61aed738-c898-4add-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">95.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1956 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">87.50</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : a9009d82-b16f-4623-8		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address 106 Hillside St			Amount <span style="border: 1px solid black; padding: 2px;">59.31</span>		
City Spindale	State NC	Zip Code 28160	Transaction ID : 03785190-e2b4-476d-a		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">146.81</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1957 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">26.00</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : ef37bccb-4ee0-4664-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3205 Pebble Beach Rd			Amount <span style="border: 1px solid black; padding: 2px;">12.12</span>		
City Conway		State AR	Zip Code 72034		Transaction ID : d1ffba4a-1e44-4a82-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">38.12</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 105 South Dale St		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 964579f4-dedb-4830-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 105 South Dale St		Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 39c1c5a3-ef9e-4f81-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	97.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 282 Falls Ave		Amount <div> <div>MM / DD / YYYY</div> <div>20.00</div> </div>	
City Granite Falls	State NC	Zip Code 28630	<b>Transaction ID : af6eb696-99b7-46fb-8</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">100.00</div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1960 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Lucas H Hoyle</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    282 Falls Ave			Amount <span style="border:1px solid black; padding:2px;">4.50</span>		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : <b>c8833dfd-e2e5-4a94-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James E Dacus</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    117 Cynthia Ave			Amount <span style="border:1px solid black; padding:2px;">45.00</span>		
City Farmington	State AR	Zip Code 72730	Transaction ID : <b>e47f6796-c109-40d4-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">49.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1961 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>James E Dacus</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 117 Cynthia Ave		Amount 5.70	
City Farmington	State AR	Zip Code 72730	Transaction ID : 9b7f668f-a67e-413e-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Danielle E Grindstaff</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 7ec586e2-ffee-4b6e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1962 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Danielle E Grindstaff</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address <b>147 Possum Trot Rd</b>			Amount <span style="border:1px solid black; padding:2px;">9.00</span>		
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>e9f83752-d589-40e4-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ruthie M Thompson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address <b>286 Wrenn Drive</b>			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27292</b>	Transaction ID : <b>e18dd149-7881-475f-9</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">29.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1963 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Ruthie M Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>286 Wrenn Drive</b>		Amount <b>6.30</b>	
City <b>Lexington</b>	State <b>NC</b>	Zip Code <b>27292</b>	Transaction ID : <b>aab1ecee-f811-471d-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Royce W Martin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>317 Farris Rd Apt 1</b>		Amount <b>20.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>d903d6ea-97db-4ff2-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <b>00</b> State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>26.30</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 5521 Randolph St.		Amount 25.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 6d167fb9-770a-43b5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	34.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1965 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>5521 Randolph St.</b>		Amount <b>1.80</b>	
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>392d5fc2-85e9-4416-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>100.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>a90c3cae-8a69-4518-8</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>101.80</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1966 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1434 South Avenue		Amount 15.60	
City Eden	State NC	Zip Code 27288	Transaction ID : 420a5e50-e965-4109-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Heather A Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 995 Clairborne Rd		Amount 45.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 5c57521a-6e2e-470a-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1967 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Heather A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>	
Mailing Address 995 Clairborne Rd			Amount <span style="border:1px solid black; padding:2px;">13.80</span>	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 7588d759-08f3-4402-9	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>	
Mailing Address 168 Emerald Hill			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Forest City	State NC	Zip Code 28043	Transaction ID : 0e1ec455-c571-4d0e-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">93.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 9c9e2960-e20c-4773-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>MM / DD / YYYY</div> <div>65.00</div> </div>	
City Charolette	State NC	Zip Code 28215	<b>Transaction ID : eb5cfe5f-110b-42d8-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type	<div> <div>MM / DD / YYYY</div> <div>001</div> </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -2px;">165.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1969 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address 10112 Piney Creek Ct			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Charolette	State NC	Zip Code 28215	Transaction ID : 723b850f-a028-4a0e-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City College Grove	State TN	Zip Code 37046	Transaction ID : f71b9d36-0958-49a2-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">100.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Rebecca A Shearer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6544 Arno College Grove Rd			Amount <span style="border: 1px solid black; padding: 2px;">16.20</span>		
City College Grove		State TN	Zip Code 37046		Transaction ID : <b>bcbc6061-5960-4b25-9</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Parker H Morrow</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 506 N Horton Street			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Searcy		State AR	Zip Code 72143		Transaction ID : <b>dd2641b2-9fd9-4e71-b</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">56.20</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Parker H Morrow</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 506 N Horton Street		Amount 16.20	
City	State	Zip Code	<b>Transaction ID : 5683ce6e-26ee-4c5b-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		292370.62	

Full Name of Payee <b>Mary C Lee</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 50.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9b13747c-76dd-4750-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶
		<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	66.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1972 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Mary C Lee</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address    1030 N Coolidge Ave			Amount <span style="border:1px solid black; padding:2px;">6.30</span>	
City <b>Gonzales</b>	State <b>LA</b>	Zip Code <b>70737</b>	Transaction ID : <b>7e2fe1e4-6c91-489e-b</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Hannah J Landry</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address    1110 N Coolidge			Amount <span style="border:1px solid black; padding:2px;">55.00</span>	
City <b>Gonzales</b>	State <b>LA</b>	Zip Code <b>70737</b>	Transaction ID : <b>313ba6a6-ced1-49a4-b</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">61.30</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1973 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Hannah J Landry</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address    1110 N Coolidge			Amount 6.30		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 6ff2538f-0c8a-4b59-a		
Purpose of Expenditure Mileage		Category/ Type    002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address    220 Doucet Rd			Amount 25.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : d19bdad0-3188-47a6-8		
Purpose of Expenditure Salary		Category/ Type    001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought    554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			31.30		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					
(c) <b>TOTAL</b> Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date    MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 0aa78ade-4984-45f8-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Mailing Address    110 W Pecan St			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c198a1ec-613c-46f7-9		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">58.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 110 W Pecan St		Amount 32.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0ba82a24-1636-4c83-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Monique Guillory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 409 LaSalle Drive		Amount 30.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 92a79b9c-ee43-47b6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	62.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Monique Guillory</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    409 LaSalle Drive			Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>		
City Little Rock		State AR	Zip Code 72211		Transaction ID : fe9eb349-49e6-4f0a-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 08eabf34-f4c6-4759-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">79.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1977 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Ms. Tonya Boyd</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address    2357 Fancy Cap Rd			Amount <span style="border:1px solid black; padding:2px;">9.72</span>		
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>59cd3e74-6043-484d-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address    2090 Fancy Gap Rd			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>2fbbcc8f-0ccf-4499-b</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">79.72</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Kinsey E Beck</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 40.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 16b12aef-f760-44d7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	49.72
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1900 Glen West Way		Amount 70.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 2d3991a2-17b1-4134-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	96.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Rose T Walker</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 6403 E Admiral Doyle Dr		Amount <div> <div>10.00</div> </div>	
City Jeanerette	State LA	Zip Code 70544	<b>Transaction ID : c025da73-c581-4e7e-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>16.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>6403 E Admiral Doyle Dr</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.00</div>		
City <b>Jeanerette</b>	State <b>LA</b>	Zip Code <b>70544</b>	Transaction ID : <b>0c917daf-e42a-4a60-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address <b>6403 E Admiral Doyle Dr</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.00</div>		
City <b>Jeanerette</b>	State <b>LA</b>	Zip Code <b>70544</b>	Transaction ID : <b>6ab2861e-a050-4a2c-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1982 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Rose T Walker</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 6403 E Admiral Doyle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div>		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 515bb6a9-3d5f-4c0a-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Heather N Montgomery</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 106 Wyncrest Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : 03f8bcfb-d15d-4bb1-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">43.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">117.50</span>		
City    State    Zip Code Pilot Mountain    NC    27041		Transaction ID : <b>2a66b6be-eb78-4882-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">19.35</span>		
City    State    Zip Code Pilot Mountain    NC    27041		Transaction ID : <b>f35fa98e-ab3b-464f-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">136.85</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1984 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>
Mailing Address <b>308 West Main Street</b>		Amount <b>117.50</b>
City <b>Plot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>ed376ab5-9ebc-4c17-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>80.00</b>
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>92af5ac3-bee6-4320-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>197.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 18 / 2015**



Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 7151 Mullins Drive		Amount 60.90	
City Saltville	State VA	Zip Code 24370	Transaction ID : 4db18903-fee1-4203-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 15.00	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : 886f7737-90b5-43b5-a</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	75.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : fa070fe2-2fd8-4291-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : 6c839bff-f492-46cf-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 29 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">22.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1987 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>		
Mailing Address <b>905 Lake Drive</b>		Amount <b>31.00</b>		
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>53473c70-7d37-4322-a</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>		
Mailing Address <b>905 Lake Drive</b>		Amount <b>3.00</b>		
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>4a664ebd-fa5f-4d31-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>34.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1988 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>29</div><div>2014</div></div>	
Mailing Address 9909 Treasure Hill Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : b69daef1-46c3-45f4-b</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>29</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>29</div><div>2014</div></div>	
Mailing Address 9909 Treasure Hill Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.90</div>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : efc54d2a-2e41-48c3-9</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>29</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">31.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  

05

18

2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1989 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Vanessa E Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address <b>3738 Woodland Ridge Blvd</b>			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	Transaction ID : <b>c7183518-34ad-43f3-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	Transaction ID : <b>ac767bb6-624e-4502-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">140.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1430 Sunnyside Rd			Amount <span style="border: 1px solid black; padding: 2px;">14.40</span>		
City Alma		State AR	Zip Code 72921		Transaction ID : 4aa2c96a-24f7-46fa-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chelsey Waite</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : a80b2491-36f4-441c-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">84.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Vanessa E Ecuyer</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 27759a11-563a-4d77-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2506 Bolch Street			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 37ec17d0-70f7-46bd-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">90.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1992 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2506 Bolch Street		Amount 33.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : d6695507-3ea0-4a79-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		554635.78	

Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 53497b5c-e4e9-4ed9-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 1993 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>		
Mailing Address <b>205 Medallion Circle</b>		Amount <b>37.20</b>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>833675ff-b7d3-48e0-8</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>		
Mailing Address <b>101 Asbury Ct</b>		Amount <b>70.00</b>		
City <b>Winchester</b>	State <b>VA</b>	Zip Code <b>22602</b>	Transaction ID : <b>522bdc11-2ef0-4d32-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>107.20</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>20.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>d9f9ebc9-25b7-4573-a</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>907 Randall Drive</b>		Amount <b>13.50</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>bcd7b512-fae9-4c30-9</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>33.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 3738 Woodland Ridge Blvd		Amount 70.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 0b9995c3-1b16-4d96-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 3738 Woodland Ridge Blvd		Amount 30.30	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4ab773dc-d9ec-4158-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.30
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1996 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>		

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>	
Mailing Address 629 Radiance Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Metairie	State LA	Zip Code 70001	Transaction ID : 15e43fbd-cf93-425e-9
Purpose of Expenditure Salary	Category/Type 001		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>	
Mailing Address 629 Radiance Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div>	
City Metairie	State LA	Zip Code 70001	Transaction ID : 2dcad2d8-bcde-485a-8
Purpose of Expenditure Mileage	Category/Type 002		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">61.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Emily Buchanan

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Date

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1997 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110.00</div>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	<b>Transaction ID : 074e1a49-f249-4a39-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Ms. Kay Hagan</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lee R Carter</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address <b>3110 Brentwood Rd</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.60</div>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	<b>Transaction ID : 9b7e06f4-3b35-42bb-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Ms. Kay Hagan</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">125.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

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05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1998 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">120.00</div>		
City Conway	State AR	Zip Code 72032	<b>Transaction ID : a86fbc8c-0551-4b8e-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div>		
City Conway	State AR	Zip Code 72032	<b>Transaction ID : 9f252990-f196-46e9-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">133.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1999 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>55.00</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>beda6baf-1cd7-43c8-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>20.40</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>88b7e113-93a8-4485-8</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>75.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2000 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>09</td><td>29</td><td>2014</td></tr> </table>		09	29	2014
09	29	2014				
Mailing Address    119 Goldenwood Dr		Amount <table border="1" style="display:inline-table"> <tr><td colspan="3">70.00</td></tr> </table>		70.00		
70.00						
City Slidell	State LA	Zip Code 70461	Transaction ID : 3dbd1b2d-aef9-40e7-b			
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>09</td><td>29</td><td>2014</td></tr> </table>	09	29	2014
09	29	2014				
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>09</td><td>29</td><td>2014</td></tr> </table>		09	29	2014
09	29	2014				
Mailing Address    119 Goldenwood Dr		Amount <table border="1" style="display:inline-table"> <tr><td colspan="3">3.00</td></tr> </table>		3.00		
3.00						
City Slidell	State LA	Zip Code 70461	Transaction ID : 0c2bc39d-bd22-40e3-9			
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>09</td><td>29</td><td>2014</td></tr> </table>	09	29	2014
09	29	2014				
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="3">73.00</td></tr> </table>	73.00		
73.00				
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table"> <tr><td colspan="3"></td></tr> </table>			
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="3"></td></tr> </table>			

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Ms. Emily Buchanan

[Electronically Filed]

Date

05	18	2015
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Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 0001 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 22369 Ponderosa Dr.		Amount <b>50.00</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>04be244e-f757-41d4-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 22369 Ponderosa Dr.		Amount <b>17.70</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>4b9c4849-42d6-4d60-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>67.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

Full Name of Payee <b>Debra Lindsey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 3.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : c6e0c43c-2d62-4fd5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	73.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2003 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Stephanie L Heun</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>	
Mailing Address    8026 S Wilwood Dr Apt 101		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Oak Creek	State WI	Zip Code 53154	<b>Transaction ID : b3d5dfb2-d138-4f56-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>	
Mailing Address    502 N Oak St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : 3fadc774-ba51-43e7-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2004 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>502 N Oak St</b>		Amount <b>15.60</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72205</b>	Transaction ID : <b>53939ebb-6a55-419c-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amber M Gregory</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>1710 Elfen Glen St Apt 114B</b>		Amount <b>30.00</b>	
City <b>Van Buren</b>	State <b>AR</b>	Zip Code <b>72956</b>	Transaction ID : <b>2c6ebe15-44ad-47cd-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>45.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 0005 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carla A Wells</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2013 Woodwind Way		Amount 30.00	
City Van Buren	State NC	Zip Code 72956	<b>Transaction ID : 9769d606-60a1-42c3-8</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carla A Wells</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2013 Woodwind Way		Amount 4.50	
City Van Buren	State NC	Zip Code 72956	<b>Transaction ID : 453a2bce-ce8b-4902-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	34.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2006 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Destiny S Philpott</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>3502 S 66th St Apt 47</b>		Amount <b>10.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72903</b>	Transaction ID : <b>d7889d9a-0470-4781-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Benjamin K Cunningham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>3502 S 66th St Apt 47</b>		Amount <b>10.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72903</b>	Transaction ID : <b>a97b7f8d-e183-4674-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>20.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2007 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin K Cunningham</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>3502 S 66th St Apt 47</b>		Amount <b>3.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72903</b>	Transaction ID : <b>3a6acc7c-f3fc-4049-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Randy M Gold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address <b>1436 Haigs Creek Dr</b>		Amount <b>50.00</b>	
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Transaction ID : <b>035c0bc1-b825-405b-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>53.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2008 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">42.39</span>		
City Elgin		State SC	Zip Code 29045		Transaction ID : 9166ccc7-1f75-402a-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Odessa		State FL	Zip Code 33556		Transaction ID : 946efe37-e276-47c4-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">92.39</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2009 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            09 / 29 / 2014         </div>	
Mailing Address <b>6101 NORA ST</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	<b>Transaction ID : 6627dfa6-c06c-4fec-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 29 / 2014         </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 29 / 2014         </div>	
Mailing Address <b>1103 West Wilson Street</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	<b>Transaction ID : 722ed267-eab4-435a-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">           M M M / D D D / Y Y Y Y Y Y            09 / 29 / 2014         </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">115.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2010 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Michael Vidrine</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1103 West Wilson Street			Amount <span style="border: 1px solid black; padding: 2px;">18.90</span>		
City State Zip Code Ville Platte LA 70586		Transaction ID : 0c6631a6-2a2b-445e-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Phillip Williams</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 3007 Darden Rd			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City State Zip Code Greensboro NC 27407		Transaction ID : 6d959dfa-0a5c-42d3-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">108.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2011 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> </div>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 19.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8d761a0e-709b-45b9-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 09ddd185-0df9-4217-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	109.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2012 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70131	<b>Transaction ID : 8a592fd3-2867-499c-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tylan S Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 19.50	
City New Orleans	State LA	Zip Code 70131	<b>Transaction ID : 2051b0c4-628a-4953-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	99.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount \$ 37.50	
City	State	Zip Code	Transaction ID : 8ff6d2e4-056f-4294-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Shelbi L Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 22.65	
City	State	Zip Code	Transaction ID : dd76f579-e513-4e92-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	60.15
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2014 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 100 Asbury Ct			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 05816e40-6949-4e0c-9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address 100 ASBURY CT			Amount <span style="border:1px solid black; padding:2px;">70.00</span>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : e408d31b-9eb8-42a1-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2014</span>
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">150.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2015 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>					
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>		
City State Zip Code Winchester VA 22602		Transaction ID : <b>a6e67493-9c64-4639-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2014</div></div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Rodney O Culbreath</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2014</div></div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>		
City State Zip Code Winchester VA 22602		Transaction ID : <b>5bea4a95-0567-422c-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2014</div></div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div>					
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>					
(c) <b>TOTAL</b> Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature  <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">18</div><div style="border: 1px solid black; padding: 2px;">2015</div></div></div><div style="width: 20%;"></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2016 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 9059b8a9-9039-45b9-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : e5b9fe69-74d1-4cd9-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">160.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2017 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>30.00</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>0ba3c07a-1100-4e2e-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Trent Minner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 29 / 2014</b>	
Mailing Address 2000 W University St		Amount <b>18.00</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>78645321-c6de-46c5-a</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 29 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>48.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2018 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Amelia Brackett</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>		
Mailing Address 804 Roundabout Circle			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 591aa0a1-9075-42f7-b		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>		
Mailing Address 2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 47c0aa71-ad22-4671-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 29 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">120.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2019 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2121 Daniel Dr			Amount <span style="border: 1px solid black; padding: 2px;">77.01</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>cadafe02-cc67-4ddb-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : <b>7656f54c-8149-4d3e-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">97.01</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2020 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>7 Bards Lane</b>			Amount <span style="border: 1px solid black; padding: 2px;">14.40</span>		
City <b>Fletcher</b>	State <b>NC</b>	Zip Code <b>28732</b>	Transaction ID : <b>49f873ac-ac00-4a97-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Katie A Barros</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address <b>PO Box 398</b>			Amount <span style="border: 1px solid black; padding: 2px;">55.00</span>		
City <b>Neosho</b>	State <b>MO</b>	Zip Code <b>64850</b>	Transaction ID : <b>2cfb8bb9-e315-42b9-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">69.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>Suzanna M Bradley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1002 W Spring St		Amount 45.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 932d5a1f-662a-4dbc-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">100.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2022 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Shantal C Culbreath</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Mailing Address <b>4691 Hercules Lane</b>			Amount <span style="border:1px solid black; padding:2px;">100.00</span>	
City <b>Woodbridge</b>	State <b>VA</b>	Zip Code <b>22193</b>	Transaction ID : <b>14af0f26-455e-45df-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 29 / 2014</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Mailing Address <b>20679 Glenbrook Terrace</b>			Amount <span style="border:1px solid black; padding:2px;">10.00</span>	
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>	Transaction ID : <b>96d0d63a-c57a-41bb-a</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">110.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

Full Name of Payee <b>Amber M Gregory</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>	
Mailing Address 1710 Elfen Glen St Apt 114B		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Van Buren	State AR	Zip Code 72956	<b>Transaction ID : c523c85f-d40a-4e70-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 5521 Randolph St.		Amount 12.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : 8f221a82-6d09-44d0-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	32.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2024 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Windy Hageman</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 5521 Randolph St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.20</div>		
City Marrero		State LA	Zip Code 70072		<b>Transaction ID : 658960d8-33dd-44e6-a</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 502 N Oak St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Little Rock		State AR	Zip Code 72205		<b>Transaction ID : e29922ea-dd63-4de1-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.20</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					



Full Name of Payee <b>Michael Chinchar</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 20.00	
City Conway	State AR	Zip Code 72034	Transaction ID : f6344623-5e56-490e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>35.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3654 Tara St		Amount 50.00	
City springdale	State AR	Zip Code 72762	Transaction ID : fc178113-aa22-4262-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	56.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Anthony Buchanan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1090 McHone Rd		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f98b20d5-c6b2-4459-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">88.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2028 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Anthony Buchanan</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    1090 McHone Rd			Amount <span style="border:1px solid black; padding:2px;">14.40</span>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : <b>e8ad7084-5274-4b64-8</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Eric J Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    4967 Dysartville			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Morganton	State NC	Zip Code 28655	Transaction ID : <b>b92ee275-f92d-4986-a</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">94.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2029 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City Morganton	State NC	Zip Code 28655	Transaction ID : 4bbad9d1-a72c-43be-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Jennifer E Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount <span style="border:1px solid black; padding:2px;">9.00</span>	
City Morganton	State NC	Zip Code 28655	Transaction ID : fe28aded-2a5f-4541-a	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">89.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

Full Name of Payee <b>Morgan E Hallenbeck</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 3790 Christian Light Rd		Amount <div> <div>20.79</div> </div>	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : <b>cd6040d4-a058-46ad-9</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	80.79
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2031 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    3 Girard St			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>3ce0524b-d863-4579-a</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Edward N Walker</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    3 Girard St			Amount <span style="border:1px solid black; padding:2px;">11.10</span>		
City <b>Ft Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>d871559a-e6e0-45e6-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">61.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2032 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>		
Mailing Address <b>3 Girard</b>			Amount <b>60.00</b>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		Transaction ID : <b>1acba021-da75-4173-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Sue G Walker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>		
Mailing Address <b>3 Girard</b>			Amount <b>6.60</b>		
City <b>Fort Smith</b>		State <b>AR</b>	Zip Code <b>72901</b>		Transaction ID : <b>a94ae6af-9133-4f2d-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>66.60</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY <b>05 / 18 / 2015</b>		
			[Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2033 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Mary Johnson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : aa90d85c-81cc-48f0-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jenna M Ledford</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 2279 Gouges Creek Rd			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 5e31d8e5-3f5c-41f0-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">140.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

Full Name of Payee <b>Jenna M Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2279 Gouges Creek Rd		Amount 31.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 06663e63-3ab0-4a78-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 60.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 5ed6de4a-95d1-4521-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	91.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2035 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Joseph R Rys</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    160 #50 Pompano Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.69</div>		
City New Bern		State NC	Zip Code 28560		<b>Transaction ID : 84bcb7e4-6afe-4155-9</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Nicholas O Wilcox</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    1981 Cherokee St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Baton Rouge		State LA	Zip Code 70806		<b>Transaction ID : dcd10e30-afb4-4679-a</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">62.69</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2036 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Nicholas O Wilcox</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 30 / 2014		
Mailing Address    1981 Cherokee St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5.94		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : <b>b1c21f03-edbe-438d-a</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Corey S McKnight</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 30 / 2014		
Mailing Address    1510 Bailey St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 45.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : <b>d0a3cced-c065-44b2-9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 50.94		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 18 / 2015	

Full Name of Payee <b>Dylan J Sparks</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 915 East Market Ave		Amount 46.20	
City	State	Zip Code	Transaction ID : 14ac1185-8c5b-41b8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	96.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>Misty A Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 44 Bell St		Amount 31.80	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 983568c3-3b4c-4b23-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►
		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	101.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2039 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    Split Oak Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div>		
City charlotte		State NC	Zip Code 28227		<b>Transaction ID : cb960671-398d-4dcd-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Amanda Boley</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    Split Oak Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17.91</div>		
City charlotte		State NC	Zip Code 28227		<b>Transaction ID : 26ed21f2-fb75-4972-a</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">52.91</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2040 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Heather A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address 995 Clairborne Rd			Amount <span style="border:1px solid black; padding:2px;">50.00</span>		
City Calhoun	State LA	Zip Code 71225	Transaction ID : <b>ca0dd9c5-49ed-4960-b</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Heather A Smith</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address 995 Clairborne Rd			Amount <span style="border:1px solid black; padding:2px;">14.70</span>		
City Calhoun	State LA	Zip Code 71225	Transaction ID : <b>63825768-826c-483f-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">64.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>05 / 18 / 2015</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2041 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Lynn M Jacuzzi</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>4715 Sugar Maple Ln</b>		Amount <b>10.50</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72212</b>	Transaction ID : <b>93ba8ac6-4725-497c-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lynn M Jacuzzi</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>4715 Sugar Maple Ln</b>		Amount <b>2.40</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72212</b>	Transaction ID : <b>40a49b79-adbf-4389-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>12.90</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Victoria A Gray		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2173 Spokane Rd		Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 07ec73fb-bb54-4f72-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Victoria A Gray		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2173 Spokane Rd		Amount 13.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 9276d002-d733-41f9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	73.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2043 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">72.00</div>		
City Forest City		State NC	Zip Code 28043		<b>Transaction ID : 35009f6d-4b82-47fa-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Chad E Day</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">42.75</div>		
City Forest City		State NC	Zip Code 28043		<b>Transaction ID : 5ac6da54-4b50-4c44-8</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">114.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 65.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 55059e7b-4d83-4059-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 9.69		
City West Monro	State LA	Zip Code 71291	Transaction ID : 990ecef9-bb5b-46f0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	74.69
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2045 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Mailing Address 106 Hillside St			Amount <span style="border:1px solid black; padding:2px;">75.00</span>	
City Spindale	State NC	Zip Code 28160	Transaction ID : 5c9cd4af-95f4-46d0-b	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Mailing Address 106 Hillside St			Amount <span style="border:1px solid black; padding:2px;">41.01</span>	
City Spindale	State NC	Zip Code 28160	Transaction ID : 0fa10560-d526-4b79-b	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">116.01</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1410 Bushville drive		Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 55a4cd5f-260e-4300-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>Tolicia J Colbert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 49 Sharon Circle		Amount 45.00	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : <b>4e683553-af42-41bb-b</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	145.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2047 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Tolicia J Colbert</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address <b>49 Sharon Circle</b>			Amount <span style="border:1px solid black; padding:2px;">1.59</span>		
City <b>Greenbrier</b>	State <b>AR</b>	Zip Code <b>72058</b>	Transaction ID : <b>1f7cc39c-7cf5-4d2c-b</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Xavier Miller</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address <b>407 randall Dr</b>			Amount <span style="border:1px solid black; padding:2px;">40.00</span>		
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>66238607-df73-44d8-8</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">41.59</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 3300 Asher Ave		Amount <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
City Little Rock	State AR	Zip Code 72204	<div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	<div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	Disbursement For: <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	101.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2049 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>30.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>57484d9e-4c77-4561-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>60.00</b>	
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>	Transaction ID : <b>7332ccec-ff75-498f-9</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>90.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2050 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Theresa a Youngblood</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address    102 S Main Street Apt A2			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>		
City Berryville	State VA	Zip Code 22611	Transaction ID : <b>b86e0109-5224-4654-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>James E Dacus</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address    117 Cynthia Ave			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Farmington	State AR	Zip Code 72730	Transaction ID : <b>e2074a48-6bd8-456b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">100.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2051 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James E Dacus</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address    117 Cynthia Ave			Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>		
City Farmington	State AR	Zip Code 72730	Transaction ID : 28a7b7e6-9bd1-42a3-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address    404 Chancery Park Ct			Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>		
City Kernersville	State NC	Zip Code 27284	Transaction ID : c3d3abc4-7272-48c2-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Jackson S Tuttle</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address    404 Chancery Park Ct			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>		
City Kernersville	State NC	Zip Code 27284	Transaction ID : c749e4bb-012b-43d2-b Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address    7214 Duchamp Dr			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : efb5990-c451-4418-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">57.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2053 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>					
Full Name of Payee <b>Lorri Anderson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address <b>7214 Duchamp Dr</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>5.10</b>		
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	<b>Transaction ID : bb78cb27-d3d0-4730-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <div style="border-bottom: 1px solid black; width: 50px;"></div> <b>002</b>	<div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>1095959.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Vanessa E Ecuyer</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address <b>3738 Woodland Ridge Blvd</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>32.50</b>		
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	<b>Transaction ID : 922511a5-b32a-4185-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border-bottom: 1px solid black; width: 50px;"></div> <b>001</b>	<div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>554635.78</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>37.60</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>05 / 18 / 2015</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2054 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Tabitha M Ecuyer</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>		
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>32.50</b>		
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	Transaction ID : <b>53f938e5-3b83-46de-8</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Chelsey Waite</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>		
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>32.50</b>		
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	Transaction ID : <b>6cb6f2c2-25a0-46c5-9</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>65.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Ms. Emily Buchanan</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2055 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>32.50</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	Transaction ID : <b>e2b4b846-de7e-484b-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Charleen Ecuyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>3738 Woodland Ridge Blvd</b>		Amount <b>5.49</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70816</b>	Transaction ID : <b>a6263a63-a0b7-47dc-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>37.99</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>Amount</div> <div>60.00</div> </div>	
City Monroe	State LA	Zip Code 71201	<b>Transaction ID : cf7d58cf-1744-4542-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>Category/Type</div> <div>001</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>Calendar Year-To-Date Per Election for Office Sought</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 300 Evangeline St		Amount 17.70	
City Monroe	State LA	Zip Code 71201	Transaction ID : 5f7ffd1e-d653-4d39-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	77.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2057 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : <b>7b657e83-1f97-485c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Peggy A Sides</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    2183 Spokane Rd			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : <b>32643b49-393d-4bb6-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">66.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 2357 Fancy Cap Rd		Amount <div> <div>12.84</div> </div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 800f5655-ee28-45ba-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>1095959.94</div> </div>		District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.84
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2059 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Francesca Blom</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2014		
Mailing Address    101 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : de48de2d-c91d-4cd0-b
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Antoinette Franklin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2014		
Mailing Address    8822 Apple St			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : f3d8ada4-bb2c-41c5-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">140.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 8822 Apple St		Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 34f40c48-b35c-458f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 265d853-f778-4795-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	130.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2061 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tammy Williams</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 924 N. Prieur St			Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 02444a0f-7abe-4009-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher L Brazil</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 5560 Dogwood Dr			Amount 55.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 6ad68691-fab9-4f9b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	67.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2062 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Christopher L Brazil</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 5560 Dogwood Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.74</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : a5f5dca7-1413-46dd-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Eden		State NC	Zip Code 27288		Transaction ID : 0ecb8542-95ec-4222-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">104.74</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2063 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1434 South Avenue		Amount 13.80	
City Eden	State NC	Zip Code 27288	Transaction ID : 8c4656da-20b2-4fa5-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 907 Randall Drive		Amount 30.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 8f8ee9fe-7fe4-4174-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		43.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2064 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Eric Wilson</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    907 Randall Drive			Amount <span style="border:1px solid black; padding:2px;">28.50</span>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 3a5f05ea-fe6d-4fd2-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Mailing Address    3205 Pebble Beach Rd			Amount <span style="border:1px solid black; padding:2px;">42.00</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 8b97ab8f-9e3a-43ac-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">70.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2065 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Logan B Piper</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address    3205 Pebble Beach Rd			Amount <span style="border:1px solid black; padding:2px;">14.55</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 03f98399-30ac-45a9-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Miranda A Resinos</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address    1430 Sunnyside Rd			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Alma	State AR	Zip Code 72921	Transaction ID : d6faa5cc-4348-4113-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">94.55</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2066 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Miranda A Resinos</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>1430 Sunnyside Rd</b>		Amount <b>15.60</b>	
City <b>Alma</b>	State <b>AR</b>	Zip Code <b>72921</b>	Transaction ID : <b>bfe93518-655d-4684-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>4006 Wolkswalk Place</b>		Amount <b>21.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27610</b>	Transaction ID : <b>027dfdee-99b7-4a64-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>37.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2067 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Diane Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 344a8d70-6562-40f0-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ruthie M Thompson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address 286 Wrenn Drive			Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>		
City Lexington	State NC	Zip Code 27292	Transaction ID : 225a41ae-82b1-43d6-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">31.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee <b>Stuart T Haley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 600 W Vine Ave		Amount 60.00	
City	State	Zip Code	Transaction ID : 9dc15bc3-8f81-43b5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	65.04
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>James R Hooper</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 502 N Oak St		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : 2a10a016-740e-4ac7-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>45.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>James R Hooper</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 502 N Oak St			Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : <b>6a428a87-5757-4eb6-b</b>
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mr. Roger McKinney</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 308 West Main Street			Amount <span style="border: 1px solid black; padding: 2px;">112.50</span>		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : <b>4e89656c-a529-44b0-a</b>
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">119.70</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div> <div>Amount</div> <div>25.00</div> </div>	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : 0390efae-2cfc-4084-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	45.97
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>b5bc6c0e-0621-4d28-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    200 Carawood Lane			Amount <span style="border: 1px solid black; padding: 2px;">21.60</span>		
City Lexington	State NC	Zip Code 27295	Transaction ID : <b>5e0fd354-8051-4cc6-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">71.60</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>		



Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div> <div></div> <div>50.00</div> </div>		
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : dbf42e5e-ed15-46ae-8</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	162.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2074 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Mailing Address 22369 Ponderosa Dr.			Amount <span style="border:1px solid black; padding:2px;">12.60</span>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 05acc0f9-d380-4b00-a	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Mailing Address 9425 Jessica Drive			Amount <span style="border:1px solid black; padding:2px;">25.00</span>	
City Shreveport	State LA	Zip Code 71106	Transaction ID : edd396e2-3a2a-4372-9	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">37.60</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2075 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Gary W Fuhrmann</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address <b>9425 Jessica Drive</b>			Amount <span style="border:1px solid black; padding:2px;">6.60</span>		
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71106</b>	Transaction ID : <b>431f0c4d-9e39-40d0-9</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address <b>6412 Osage Dr</b>			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>3711a37a-f205-459e-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">66.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2076 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kenny Wallis</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 5306ddcb-6a48-49a1-a
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Matt M Clarke</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 1254 Fleming St Apt 6			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Conway		State AR	Zip Code 72032		Transaction ID : 3f194e41-881b-404e-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">26.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

[Electronically Filed]

Full Name of Payee <b>Sandra L Clarke</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Conway	State AR	Zip Code 72032	<b>Transaction ID : b4787be6-b6e4-4658-a</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292370.62</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>▶</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>▶</b>	
(c) TOTAL Independent Expenditures.....	<b>▶</b>	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2078 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jon Lynch</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6108 Harkins Ave			Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 3c397ebb-4cae-44cf-8
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jon Lynch</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 6108 Harkins Ave			Amount <span style="border: 1px solid black; padding: 2px;">13.20</span>		
City Little Rock		State AR	Zip Code 72210		Transaction ID : f67bc598-0bd4-48ff-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">53.20</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>Adena V Smith</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 450 Judson Dr			Amount 0.90		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 9b31b6b9-bdcf-4701-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	45.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kaleigh J Wagner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    18065 Wayne Rd			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Odessa	State FL	Zip Code 33556	Transaction ID : 4aaed3b5-350a-4156-b		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1436 Haigs Creek Dr			Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>		
City Elgin	State SC	Zip Code 29045	Transaction ID : 213bf3ef-93e5-4399-8		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">130.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2081 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Randy M Gold</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 61.23		
City Elgin		State SC	Zip Code 29045		Transaction ID : 9f166a77-4f30-48f7-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 900beeae-66f8-4da5-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div>MM / DD / YYYY</div> 05 / 18 / 2015		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2082 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Tylan S Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount <span style="border:1px solid black; padding:2px;">16.50</span>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 38ce8150-95fd-48ea-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Christopher Marquess</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014		
Mailing Address 110 W Pecan St			Amount <span style="border:1px solid black; padding:2px;">55.00</span>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2bcf1afa-bcaf-44b1-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">71.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2083 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>33.60</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>93b7b357-89ea-4f72-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>54.50</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>155a770c-2d7f-42af-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>88.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2084 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 448 Judson Dr		Amount 4.20		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : fdb08ec6-a8aa-466b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2090 Fancy Gap Rd		Amount 80.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e912742e-11b9-4737-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		84.20		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 05 / 18 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Ralph Smith</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 2090 Fancy Gap Rd			Amount <span style="border: 1px solid black; padding: 2px;">12.84</span>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>0cf6ac9b-213b-43f6-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 250 JS Brewton rd			Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : <b>b6e794ec-40c1-4597-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">62.84</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2086 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Billy Martin</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    250 JS Brewton rd			Amount <span style="border:1px solid black; padding:2px;">3.60</span>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 81927fe5-0fbc-4770-9		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Joneisha Stewart</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    2329 Runnymede Dr			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 457ccd6e-9c26-42bd-a		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">63.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : c04f6823-2725-4b92-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	56.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2088 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 4.50	
City Slidell	State LA	Zip Code 70461	Transaction ID : 42279eaf-aba3-4e88-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Debra Lindsey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 4829ff0e-54f5-43d9-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		54.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2089 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Debra Lindsey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 119 Goldenwood Dr			Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>		
City Slidell	State LA	Zip Code 70461	Transaction ID : 6f82c201-c8d0-4a7e-a Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 3ae98565-4545-4778-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">24.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2090 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 10112 Piney Creek Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Charolette		State NC	Zip Code 28215		<b>Transaction ID : 5500635c-6474-4b59-9</b>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 10112 Piney Creek Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Charolette		State NC	Zip Code 28215		<b>Transaction ID : b3e84339-7175-4ed9-b</b>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2091 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : <b>0ab0c2d0-5354-4b71-b</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Francis Richardson</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    220 Doucet Rd			Amount <span style="border: 1px solid black; padding: 2px;">2.19</span>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : <b>b4209922-41b2-4be0-a</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">32.19</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2092 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border:1px solid black; padding:2px;">60.00</span>	
City Conway	State AR	Zip Code 72032	Transaction ID : <b>0f8ac219-e5e7-4084-9</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Brenda L McCune</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Mailing Address    1254 Fleming St Apt 6			Amount <span style="border:1px solid black; padding:2px;">10.80</span>	
City Conway	State AR	Zip Code 72032	Transaction ID : <b>3a4b0bee-d21d-4a6f-a</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">70.80</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary R McCleese</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address 323 Rolling Pines Dr		Amount 90.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 1cf0332b-8271-411c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Zachary R McCleese</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address 323 Rolling Pines Dr		Amount 74.10	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8607dae5-7bbf-4bec-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	164.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1103 West Wilson Street		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 081e9df6-81d8-4d25-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	80.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Signature

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 90.00	
City	State	Zip Code	Transaction ID : 6a486773-af3f-4821-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	108.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2096 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2565 Shire Circle			Amount 40.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 83005ae1-3a5f-4465-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Taylor N Randall</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 124dd17f-c57e-41f0-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2097 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee <b>ERIC TABARY</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 30 / 2014		
Mailing Address 6101 NORA ST			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">70.00</div>		
City METAIRIE		State LA	Zip Code 70003		<b>Transaction ID : f6e74516-6581-4142-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 30 / 2014		
Mailing Address 1025 Cayley Ct			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">110.00</div>		
City High Point		State NC	Zip Code 27260		<b>Transaction ID : 9df19de1-5ecf-4594-8</b>
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">180.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2098 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Chris McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">15.30</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 3e596070-5ae2-46bb-8
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 1025 Cayley Ct			Amount <span style="border: 1px solid black; padding: 2px;">110.00</span>		
City High Point		State NC	Zip Code 27260		Transaction ID : 12ffb2e0-4153-4bd4-a
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">125.30</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2099 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 30 2014</span> </div> </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : 3b44b73a-1706-4e63-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>	
Mailing Address 4902 Catawba Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>09 30 2014</span> </div> </div>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c1059a68-1763-41a8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>1095959.94</span> </div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>124.70</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2100 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Eleanor McCoy</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Mailing Address 4902 Catawba Dr			Amount <span style="border:1px solid black; padding:2px;">17.40</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 09aef227-693b-4c3f-9	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Stephanie L Heun</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <span style="border:1px solid black; padding:2px;">20.00</span>	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 81690e1e-d397-4d8c-a	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">37.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2101 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>95.00</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>7c32d5b1-0f70-4b70-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>P.O. Box 712</b>		Amount <b>37.50</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>e8ce9365-9186-437e-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>132.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2102 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>90.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>adfaf173-735f-4bf9-9</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>3110 Brentwood Rd</b>		Amount <b>16.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>21098c28-2010-47b8-a</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>106.50</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date M M M / D D D / Y Y Y Y Y Y <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1410 Bushville Dr		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 07c843be-4d32-4f70-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sharon t Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1410 Bushville Dr		Amount 5.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : eebf32f5-f2c9-479c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>25.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2104 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1b2db70e-8c2b-4b2e-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3007 Darden Rd		Amount 19.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : afa0dbe0-df7f-4b84-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2105 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5fbb0ad0-1966-4361-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Michael Chinchar</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 50.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 76ebc139-9350-409e-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2106 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Michael Chinchar</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    2730 Dave Ward Dr			Amount <span style="border:1px solid black; padding:2px;">7.80</span>		
City Conway	State AR	Zip Code 72034	Transaction ID : 73b73117-aa05-48ff-b		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Mailing Address    20679 Glenbrook Terrace			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City Sterling	State VA	Zip Code 20165	Transaction ID : 10200e4f-3d20-43ff-9		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">32.80</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2107 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Timothy Foley</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address 20679 Glenbrook Terrace			Amount <span style="border:1px solid black; padding:2px;">25.00</span>		
City Sterling	State VA	Zip Code 20165	Transaction ID : f5fb6c94-884e-4feb-a Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Evelyn Lesaicherre</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address 629 Radiance Ave			Amount <span style="border:1px solid black; padding:2px;">80.00</span>		
City Metairie	State LA	Zip Code 70001	Transaction ID : 38da8cd8-9de1-429b-8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">105.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2108 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>629 Radiance Ave</b>		Amount <b>3.30</b>	
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>	Transaction ID : <b>c752413f-f646-45b4-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>4691 Hercules Lane</b>		Amount <b>100.00</b>	
City <b>Woodbridge</b>	State <b>VA</b>	Zip Code <b>22193</b>	Transaction ID : <b>34f6792b-a7c5-4adf-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>103.30</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2109 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Joshua J Huffman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>211 Dixie Ave</b>		Amount <b>55.00</b>	
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>3748719f-c171-48ed-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2014</b>	
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>80.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>fdc2e865-dbee-42d5-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>135.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Ms. Emily Buchanan</b>		Date MM / DD / YYYY <b>05 / 18 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2110 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Kaitlyn B Allen</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address    2121 Daniel Dr			Amount <span style="border:1px solid black; padding:2px;">83.10</span>		
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>ea2be7c5-57f4-41a6-9</b>		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Marysol Netro</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address    312 S Gunter St			Amount <span style="border:1px solid black; padding:2px;">20.00</span>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>9a570f77-008a-4447-9</b>		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">103.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2111 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 312 S Gunter St		Amount 1.20	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 859ddd9c-e6fd-451f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Michael A Toomey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 45.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 368b449b-a56d-4499-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2112 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					

Full Name of Payee <b>Michael A Toomey</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>		
City Monroe	State LA	Zip Code 71212	Transaction ID : 16714007-73a6-4bd2-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address 7 Bards Lane			Amount <span style="border: 1px solid black; padding: 2px;">57.50</span>		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 7747e803-e70f-4510-9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">62.30</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2113 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>John P Hilkert</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    7 Bards Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21.00</div>		
City                                  State                                  Zip Code <b>Fletcher                                  NC                                  28732</b>		Transaction ID : <b>479ee37e-9ec9-45a9-8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address    1900 Glen West Way			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div>		
City                                  State                                  Zip Code <b>Fort Smith                                  AR                                  72916</b>		Transaction ID : <b>80083c00-ac14-465f-b</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292370.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">76.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2114 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Carol L Walters</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1900 Glen West Way			Amount <span style="border: 1px solid black; padding: 2px;">14.10</span>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 13b6a163-7759-4b01-b
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Christine Stevens</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 3e337d31-c828-4ffa-9
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">94.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2115 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Jazmine d Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 ASBURY CT			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 9ecd00a3-c42a-4390-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jon E Conner</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    100 Asbury Ct			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Winchester	State VA	Zip Code 22602	Transaction ID : 58c89ce5-d60a-4082-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">150.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f39ff0af-3d36-4f15-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: 0; bottom: 0; width: 10px; border-left: 1px solid black;"></div> </div> <div style="text-align: right; width: 150px;">160.00</div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: 0; bottom: 0; width: 10px; border-left: 1px solid black;"></div> </div> <div style="text-align: right; width: 150px;"></div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: 0; bottom: 0; width: 10px; border-left: 1px solid black;"></div> </div> <div style="text-align: right; width: 150px;"></div> </div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>		
Mailing Address 2506 Bolch Street			Amount <div> <div></div> <div>60.00</div> </div>		
City Shreveport	State LA	Zip Code 71104	<b>Transaction ID : 065ffe9e-8c84-4ad7-a</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
			District: 00 State: LA		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>140.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2118 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Gregory Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address    2506 Bolch Street			Amount <span style="border:1px solid black; padding:2px;">26.40</span>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4829f1c1-3ee1-4496-8		
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Mailing Address    205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">60.00</span>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0b368a69-10b3-4119-8		
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">09 / 30 / 2014</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">86.40</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Ms. Emily Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">05 / 18 / 2015</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2119 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Lilly Green</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Mailing Address    205 Medallion Circle			Amount <span style="border:1px solid black; padding:2px;">26.40</span>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	Transaction ID : <b>6533bd34-dad9-4fdb-b</b>	
Purpose of Expenditure Mileage		Category/ Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Nick Berryhill</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Mailing Address    905 Lake Drive			Amount <span style="border:1px solid black; padding:2px;">112.00</span>	
City <b>Shelby</b>	State <b>NC</b>	Zip Code <b>28152</b>	Transaction ID : <b>dd2370ed-a45b-4ce1-9</b>	
Purpose of Expenditure Salary		Category/ Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">138.40</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

Full Name of Payee <b>Amelia Brackett</b>		Date of Public Distribution/Dissemination <div> <div>09</div> <div>30</div> <div>2014</div> </div>	
Mailing Address 804 Roundabout Circle		Amount <div>80.00</div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 4aa76f44-1ae0-4413-9</b> Date of Disbursement or Obligation <div> <div>09</div> <div>30</div> <div>2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <div>292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.65
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2121 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>		
Mailing Address 1223 Silver Sage Dr Apt 303		Amount <b>12.50</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>c2a99224-7a01-43be-b</b>	
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>		
Mailing Address 1223 Silver Sage Dr Apt 303		Amount <b>3.39</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>1c296ffa-0e16-48fa-b</b>	
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>15.89</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		Date <b>05 / 18 / 2015</b>		
		[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2122 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>	

Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>30</span> <span>2014</span> </div> </div>	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span>12.50</span> <span> </span> </div> </div>	
City Raleigh	State NC	Zip Code 27606	<b>Transaction ID : 59623046-cd63-4726-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>30</span> <span>2014</span> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span>1095959.94</span> <span> </span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Elizabeth M Moore</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>30</span> <span>2014</span> </div> </div>	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span>3.39</span> <span> </span> </div> </div>	
City Raleigh	State NC	Zip Code 27606	<b>Transaction ID : 5c8ba63a-55c9-41ff-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M M</span> <span>D D D</span> <span>Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09</span> <span>30</span> <span>2014</span> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span>1095959.94</span> <span> </span> </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span>15.89</span> <span> </span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> <div style="display: flex; justify-content: space-between;"> <span> </span> <span> </span> <span> </span> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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05
18
2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2123 OF 2129  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border:1px solid black; padding:2px;">80.00</span>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>6858508a-fe17-4e32-b</b>	
Purpose of Expenditure <b>Salary</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border:1px solid black; padding:2px;">53.10</span>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>302ddb3b-f896-491b-9</b>	
Purpose of Expenditure <b>Mileage</b>		Category/Type <span style="border:1px solid black; padding:2px;">002</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>09 / 24 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">133.10</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 18 / 2015</b>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2124 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address 1410 Bushville Dr		Amount 90.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0add00e2-7e0f-43ab-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2014</b>	
Mailing Address 1410 Bushville Dr		Amount 26.25	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 195a8948-ad2f-49bb-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	116.25
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 1410 Bushville Dr		Amount <div> <div>Amount</div> <div>26.25</div> </div>	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : 3acffe17-d744-4dcd-b</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1650 1360 1656"> <tr> <td data-bbox="1101 1650 1360 1656">116.25</td></tr> </table>	116.25
116.25		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1101 1656 1360 1661"> <tr> <td data-bbox="1101 1656 1360 1661"></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1661 1360 1669"> <tr> <td data-bbox="1101 1661 1360 1669"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2126 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>		
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>cf2c0a13-8c98-4cb5-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure <b>Salary</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Serena A Jones</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Mailing Address <b>7151 Mullins Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">54.60</span>		
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	Transaction ID : <b>57438b1b-330f-460b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2014</span>		
Purpose of Expenditure <b>Mileage</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">124.60</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">05 / 18 / 2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2127 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014
Mailing Address 3315 Cardinal Ridge Rd		Amount 50.00
City Greensboro	State NC	Zip Code 27410
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 45f1be32-91cb-42b4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Daniel E Collison</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014
Mailing Address 3315 Cardinal Ridge Rd		Amount 0.90
City Greensboro	State NC	Zip Code 27410
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f1fa8da4-82ea-4a88-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2128 OF 2129  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Tracey A Fraser</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 06 / 2014         </div>		
Mailing Address 2120 Nolan Trace St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           80.00         </div>		
City Lessville	State LA	Zip Code 71446	<b>Transaction ID : 29917d80-4d91-4725-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 06 / 2014         </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         554635.78       </div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tracey A Fraser</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 06 / 2014         </div>		
Mailing Address 2120 Nolan Trace St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           76.80         </div>		
City Lessville	State LA	Zip Code 71446	<b>Transaction ID : 5e2508a1-3ed8-4302-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            09 / 06 / 2014         </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         554635.78       </div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           156.80         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             0.00           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             156.80           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
 05 / 18 / 2015

Signature



Full Name of Payee <b>Tracey A Fraser</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 2120 Nolan Trace St		Amount 82.80	
City Lessville	State LA	Zip Code 71446	Transaction ID : <b>da3b1a93-4421-4ab1-a</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	142.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	170293.66

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature